after death.

24 hours

within

executed

be

certificate

aw requires that the death

ALLEGANY

CUMBERL AND

1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give war or dates of service)]

PART I. DEATH WAS CAUSED BY:

20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Day, Year

23b.

HAMILTON

Conditions, If any, which gave rise to immediate cause (a), stating underlying cause last.

Hour a.m.

22a. SIQNATURE

PHYSICIAN'S NAME (Type)

BURIAL, CREMATION, REMOVAL (Specify)

FUNERAL DIRECTOR

p.m.

saw the deceased alive on

MEMORIAL

CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)

d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street address

ANDERSON

CAUSE OF DEATH (Enter only one gause per line for (a), (b), and (c), ]

(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE

21. I certify that (I) (this hospital) attended the deceased from\_

DATE THEREOF

7. MARRIED

WIDDWED \

HOSPITAL

HAMIL

6. CDLDR DR RACE

PLACE OF DEATH 6. CDUNTY

NAME DE

SEX

DECEASED (Type or print)

13. FATHER'S NAME

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND REC

c. LENGTH OF STAY IN 1b

Middle

NEVER MARRIED

106. KIND OF BUSINESS OR

16. SOCIAL SECURITY NO.

lelàs

2Dd. INJURY OCCURRED

VANORMER

23c. NAME OF CEMETE Oak Hill ADDRESS

Not While

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DESCRIBE HOW INJURY OCC

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MARYLAND

H	AND	REC	OR	DS,	301	W.	PR	ESTON	STREET,	BALTI
C	ERT	IFI	CA	TE	n	F	DE	ATH	STREET.	ESI.

S, 301 W. PRESION SI	REEI, BALTIMO	RE T, M	ARYL	AND	
TE OF DEATH		n	ans	11	
2. USUAL RESIDENCE (Wh	ere deceased lived, If in b. COU		sidence	pefore ad	mission
			VIA		
C. CITY OR TOWN (If outside	e corporate limits, w	te RURAL	and give	neares	town)
LONACONIN	G,	21-	/		
d. STREET ADDRESS			0.	IS RESI	
60 DOUGLAS	AVE		YE	s 🔲	_
Lest   4. I	ATE Mont	h	Day	Yea	r
ANDERSON	DEATH LANITA	RY L	2	196	6
8. DATE OF BIRTH	9. AGE (in years last birthday)	IF UNDER 1	YEAR	FUNDER	24 HRS
7-3-1923	42 yrs.	Months	Days	Hours	Min.
7-3-1923 11. BIRTHPLACE (County &	State, or foreign country	() 12. CJ	TIZEN O	F WHAT	
WEST VI		Ŭ.	S.	Α.	
14. MOTHER'S MAIDEN NA	ME				
ANNA M.	MITCHELL				
INFORMANT	Addre	\$\$			
MEMORIAL HOS	PITAL CU	MBERI	ANI	). M	ID.
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whover v	anal dise	eose	10	ye	ers
	E CONDITION GIVEN IN	PART 1(a)	19.	WAS AUT	DPSY
Uni 244	low		YES		NO 7
CURRED. (Enter nature of Injury	In Part I or Part II o	f Item 18.)			
ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	(Cou	ity)	(SI	tate)
28 mu 1063	to 40 12 94	20/-	To the	L (1) (a)	a\ lani
	M, from the causes	and on th	o data	etated	ahnve
at death occurred at	in, moin the cacaes		TE SIGN		40010
.D. PHYS. MED.	OR STAFF PHYS.				
22d. ADDRESS					
122.5	CENTRE S	T			
	d. LOCATION (City, t	own or cou	nty)	(Sta	ite)
	March			Md.	

REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

funeral death. after by the Pages 1 physician and cumproces. Pag n please senove carbon papers. Pag val, and in any event, within 72 hours TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 should be detached for use as the burial-transit permit. Then p should be filed with the State Dept. of Health prior to burial, cremation, or removal, Page 4 may be retained by the hospital or attending physician.

CERTIFICATION

VR AI5 (4)

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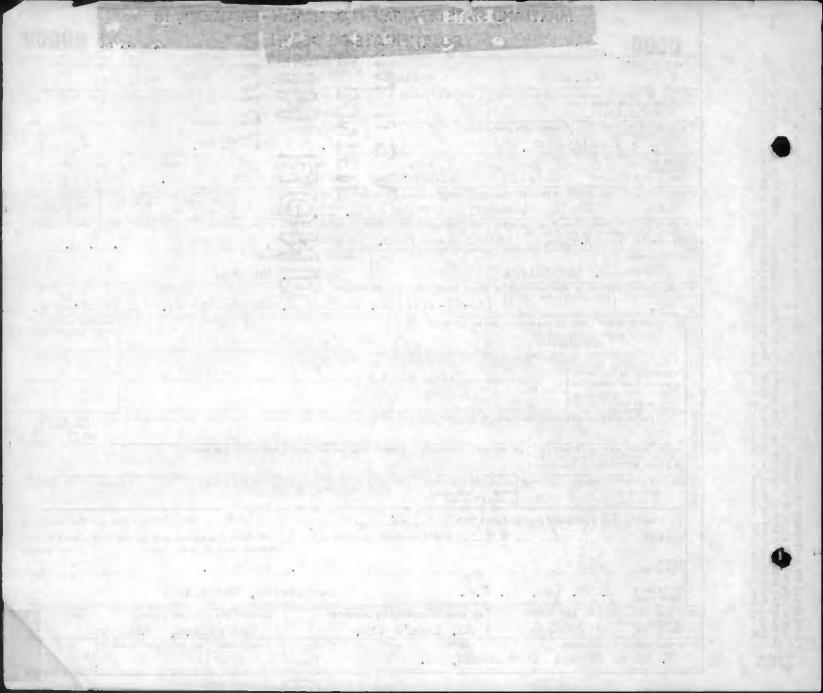
ARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE,	18
				100

				-		
0002	. 111	10-1	CERTIF	ICATE	OF	DEATH

Reg. Dist. No. 00002

				- A-	-	
1. PLACE OF DEATH o. COUNTY	Allegany	MARYLANS	II a STATE	nere deceased lived. If institution and b. COUNTY	Alleg	
b. CITY OR TOWN RURAL and give Cumberl		write c. LENGTH OF STAY IN 18	c. CITY OR TOWN (IF Cumberla	outside corporate limits, write RL	JRAL and give	e nearest town)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give Bedford Rd.	street address)	d. STREET ADDRESS	Bedford Rd.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Haroli	Middle d Glendon	loss Armbruster	4. DATE Mont		Doy Year 31 1966
5. SEX Male	White w	MARRIED NEVER MARRIED K	Jan. 22, 190	9. AGE (In years lost birthday) 60 yrs.		YEAR IF UNDER 24 HRS.  Oys Hours Min.
Racko-TV T	TION (Give kind of work dor prking life, even if retired) ECNNICLAN	Radio Shop Pro	p. Cumberlan	or foreign country) d. Maryland		S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N			
~	. W. Armbrusto		Maude E.	Wolford		
15. WAS DECEASED EV	/ER IN U. S. ARMED FORCE: (If yes, give wat or dates of servi	cel	Mr. William J.	Armbruster Rt.		Cumberland,
Canditions, if gave rise to couse (o), stating lying cause last	g the under-	0	rial Infa	retions		ONSET AND DEATH
TA TA		TIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVI	EN IN PART 1	PERFORMED? YES NO A
G (IF EITHER, NOTIF	VAS UNDERLYING (1) IG (1) CAUSE OF DEATH IY MEDICAL EXAMINER;	b. DESCRIBE HOW INJURY OCCUR	RRED. (Enter nature of injury in I	Part I or Part II of item 18.)		
20c. TIME OF INJU		20d. INJURY OCCURRED 20e. While Not while of work of work	PLACE OF INJURY (Home, form factory, street, office bldg., etc.	20f. (City or town)	(Cou	unly) (State)
alive an	Leo H. Ley,	1966, and that dea	M.D. 456 N. (	/ 3/, 1964  M, fram the causes a ADDRESS (Street, city or town, see the Centre St.  and, Maryland	nd on the	date stated above.
220. BURIAL, CREMATI REMOVAL (Specification)	2/2/66	St. Luke's		22d. LOCATION (City, town, o Cumberland,		(State) Land
23. FUNERAL DIRECTO	R'S SIGNATURE  e. George. Cun	aboress	24a, REC"		TRAR'S SIGN	

VS A15 (4) 15M 10/57



10.1966

**ADDRESS** 

Ronney, W. Va.

Hamoshire

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COUNTRY? U. S.

e. IS RESIDENCE

ON A FARM?

Year

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INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTDPSY

(State)

PERFORMED? NO X

and in my opinion

22. DATE SIGNED

W. V2.

(State)

YES

(County)

REGISTRAR'S SIGNATURE

REC'D BY REGISTRAR

25b.

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VR ALSME (5)

Burial

FUNERAL DIRECTOR

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove earbon papers. Pages 1 and 2 should be flied with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after death. IO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.

	DIVISION	OF STATISTIC		YLAND STATE DE	, 301 W. PREST			RE 1, MAR	YLAND
	00004			CERTIFICAT	E OF DEAT	H		0	0004
	PLACE OF DEATH a. COUNTY	ALLEGANY		MARYLAND	2. USUAL RESIDES a. STATE	NCE (Where dece	ased lived, If inst b. COUN		
	write RURAL	(if outside corporat and give nearest tow	e limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (	If outside corp	orate limits, wri	te RURAL and	give nearest town)
				ospital, give street address)	d. STREET ADDRES				e. IS RESIDENCE ON A FARM?
3.	NAME OF DECEASED (Type or print)	Fin JAMES	st	Middle	Last MPTON	4. DATE DF DEATH	Month		YES NO X
	SEX ALE	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH	1877	JANUARY AGE (in years it isst birthday) 88 yrs.	FUNDER 1 YE	AR IF UNDER 24 HRS
Oa Ur	. USUAL OCCUPATI	ON (Give kind of working life, even if retired PION AGENT	lone 10b. K	IND OF BUSINESS OR NOUSTRY R. R.	ENGLAND	County & State,	7	U.S.	
		BAMPTON			ELLEN				
	s, no, or unkewn)	VER IN U.S. ARMED FO (If yes give war or dates o	service) 70	02-07-5609 MIS	INFORMANT S ELLEN BAI	MPTON, M	Addres	MD.	
		THE WAS CAUSED BY IMMEDIATE CAUSE  DUE	(a) 14	ine for (a), (b), and (c).1  And Failur		,	1 /	4	ITERVAL BETWEEN
	Conditions, if a gave rise to cause (a), sto underlying cause	Immediate DUE	(b) <i>CC</i> TO (c)	rkerioseler	tre Cara	llovorce	ular Ru	une .	25 yrs.
וומוואסוו			NSCONTRIBI	UTING TO DEATH BUT NOT RELA	E			,,,,,	9. WAS AUTOPSY PERFORMED? YES NO
CEA11	OR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLYING A CAUSE OF DEA	1	DESCRIBE HOW INJURY OCCU					
MEDICAL	20c. TIME OF II Hour a.m p.m		fear   20d.   While at wor	Not While facto	CE OF INJURY (Home, ory, street, affice bldg.	farm, 20f. (i	City or town)	(County)	(State)
	saw the dec	eased alive on_		ed the deceased from 1966, and tha	ATTENDING	19 62 to_ P. V.M, fro MED. DIRECTOR		and on the	that (I) (we) las late stated above SIGNED
232	NAME (Ty		ROTHST	EIN, M. D.	48 BR		FROSTBUR		) (State)

F'BG. ME MORIAL ADDRESS FUNERAL DIRECTOR 24. JOSEPH R. DURST, SR., FROSTBURG, MD.

-8-1966

OSTBURG. MD.
GISTRAR | 256. REGISTRAR'S SIGNATURE

DATE

PARK

VR A15 (4) 20M 1/65

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funeral and 2 ceath. by the fundamental Pages 1. within 72 hours hours .= filled completely i executed within event, and con in any Stehal certificate 를 removal attending | ermit. Ther en signed by the attend burial-transit permit. burial, cramation, or re death law requires that the OR ATTENDING PHYSICIAN: The law requires that to be retained by the hospital or attending physician. the bu as th After this certificate has be detached for use as State Dept, of Health prio PHYSICIAN: DIRECTOR: After tage 3 should be de ATTENDING page TO HOSPITAL De Page 4 may b

PLACE OF DEATH a. COUNTY ALLEGANY b. CITY OR TOWN (if outside write RURAL and give ne CUMBERLAND SACRED HEART HOSPITAL 3. NAME DE First Middle DECEASED (Type or print) 6. COLOR OR RACE | 7. MARRIED SEX WIDOWED during most of working life, even if retired) INDUSTRY Retired Operator 13. FATHER'S NAME FOWARD F. TRACY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, my minkown) (If yes give war or dates of service) 216-22-5212 Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. NO CERTIFICAT Fibrosis following tbc 20a. ACCIDENT WAS UNDERLYING | | 20b OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Hour a.m. While Not While at work p.m. at work saw the deceased alive on. 22a. SIGNATURE TO FUNERAL I 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) Burial

DIVISION OF STA

	EARCH AND RECORDS	PARTMENT OF HEALTH i, 301 W. PRESTON STREET, E OF DEATH	
	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE MARYLAND	ed lived, If Institution: Residence before admission b. COUNTY ALLEGANY
corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpora	ate limits, write RURAL and give nearest town
at eac town,	50 years	CUMBERLAND	01-1

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 110 W. FIRST STREET NO TO YES DATE Month Year 1966 BECK DEATH JANUARY 1hDATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Jast birthday) | Months | Days | Hours | Min. 8. NEVER MARRIED 8-24-01 DIVORCED 977 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Telephone Co. NEW YORK - Hoasic MOTHER'S MAIDEN NAME HARRIETT MATTHEWS 16. SOCIAL SECURITY NO. | 17. INFORMANT Address PT'S CHART ONSET AND DEATH
2 days 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dissecting aneurysm, ascending aorta Arteriosclerotic and hypertensive CVD years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO T DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 20e, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bidg., etc.) 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at D M. from the causes and on the date stated above. 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 1-15-66 ADDRESS GREENE ST. CUMBERLAND. MD. 215.2 NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) Cumberland. Md. Mary's Cemetery 24. FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Scarpelli, Cumberland, James F

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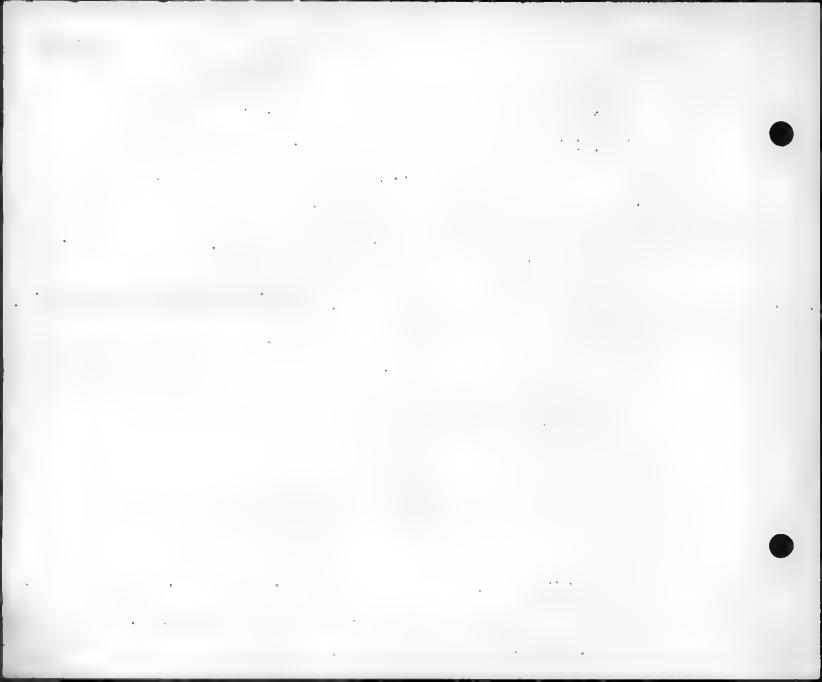
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de at he teneral 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the "Itemding physiches and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after acuted within omath certificate TO COSPITAL OF ITTENDING PRYSTERS The last requires that the Page 4 may be retained by the hospital or attending physician.

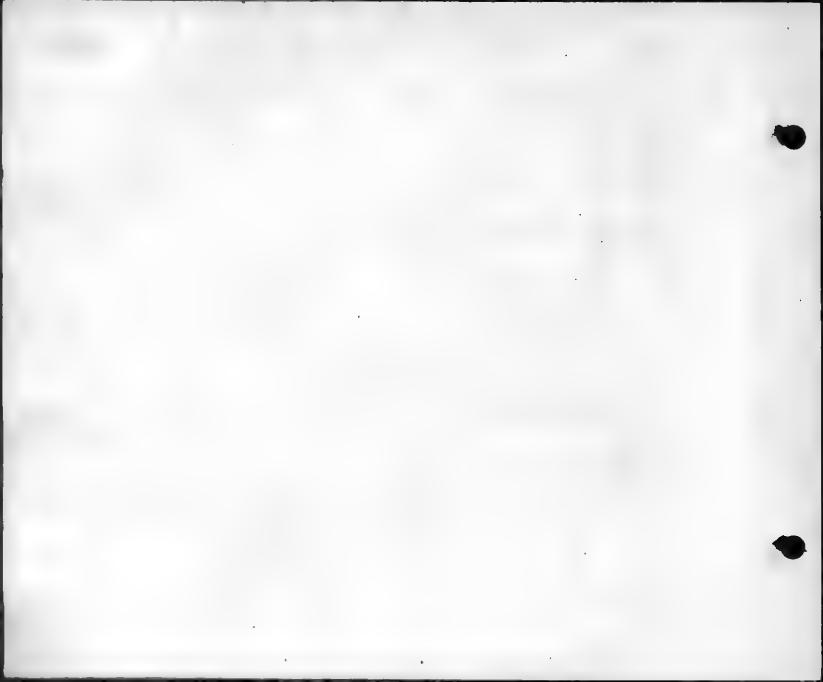
MARYLAND STATE DEPARTMENT OF HEALT

The result of th		DIVISION OF STATISTICAL RESE	ARCH AND RECORDS	S, 301 W. PRESTO	N STREET, BALT	IMORE 1, M	ARYLAND
a. COUNTY ALLEGANY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town write write. And outside corporate limits, write RURAL and give nearest town write write. And outside corporate limits, write RURAL and give nearest town COMBERLAND  G. NAME OF ROBISTAL OR INSTITUTION (if not in biospital, give street address)  MEMORIAL HOSPITAL  S. RABHE DF GEORGE  ALCON BITTNER  JOHN BI	1	3 <b>000</b> 6	CERTIFICAT	E OF DEATH			2000
ALLEGANY  b. CITYO ROWN (if outside corporate limits, C. LERGTH OF STAY IN L. C. CITYO ROWN (if Outside Corporate limits, Write RURAL and give nearest town CUMBERLAND)  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  MEMORIAL HOSPITAL  3. NAME DP HOSPITAL OR INSTITUTION (if not in hospital, give street address)  MEMORIAL HOSPITAL  3. NAME DP HOSPITAL  4. DATE  ON FARRY  1. DATE  ON FARRY  ON FA	1.						sidence before admission
The Subject and the subject to the s		ALLEGANY	MARYLAND	a. MARYLA	ND b.	ALL	EGANY
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)    A. STREET ADDRESS	_	b. CITY OR TOWN (if outside corporate limits,	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate lim	ts, write RURAL a	and give nearest town
MEMORIAL HOSPITAL  1.02 WEIGAND DRIVE  ON A FARRY DECRESSED (1790 of print)  5. SEX MALE  WHITE  WHOWED  DIVORCED  DEC. 2, 1910  DEC. 2, 1910  DEC. 12, 1910		CUMBERLAND	20 DAYS	LA VAL	E	01. :	
MEMORIAL HOSPITAL    102 WEIGAND DRIVE		d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)				e. IS RESIDENCE
DECEASED (Type or print)    OF THE CONTROL OF PRACE   Type or print)		MEMORIAL HOSPITAL		102 WE	IGAND DRI	VE	Y
S. SEX MALE  WHITE  TO SUBJECT COLOR OR RACE  WHOWED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  ALL  DEC. 2, 1910  S. AGE (In years   FUNDER 178AR   FUNDER 218AR   IF UNDER 218AR   I	3.				OE		
MALE WHITE WIDOWED DIVORCED DEC. 2, 1910 yrs. Months Days Hours Min.    100, USAL OCCUPATION (GIVE kind of work done)   100, KIND OF BUSINESS OR NINDERS OF WORKING ITTO, we have the retired of working Itto, even in retired NINDERS OR Setuce station   11, BIRTHPLACE (County & State, or foreign country)   12, CITIZTIN OF WHAT COUNTRY ALLO INC. CITIZEN OF WHAT COUNTRY   12, MOTHER'S NAME   14, MOTHER'S NAME   14, MOTHER'S NAME   14, MOTHER'S NAME   15, MAS DECEASED EVER IN U.S. ARIM EP PORCES?   16, SOCIAL SECURITY NO. 17. INFORMANT ALTO MAJUL BITTING   120, MOTHER'S NAME   16, DISTANCE OF DEATH   16, COUNTRY   16, COUNTRY   16, COUNTRY   17, INFORMANT ALTO MAJUL BITTING   18, MOTHER'S NAME   18, CAUSE OF DEATH   16, COUNTRY   16, COUNTRY   17, INFORMANT ALTO MAJUL BITTING   18, MOTHER'S NAME   18,		(Type or print) GC URGC	Aelen		DEATH JA		
during most of working life, even if retired)  Auto mechanic  13. FATHER'S NAME  JOHN BITTNER  14. MOTHER'S MAIDEN NAME  SADIE KEFFER  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ves, no, or unknown) (If yes give war or dates of service) 220-10-8651  NO.  18. CAUSE OF DEATH LENter only one cause per lime for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  UMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to in immediate cause (a), stating the underlying cause last.  (b)  DUE TO  Conditions, lift any, which gave rise to in immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART I (a) 15. WAS AUTOPSY PERFORMED? (FITTHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERSTINE?  Hour a.m.  p.m.  19 at work   and that death occurred \$12.0   And Andrews   Andr	5.	MALE WOLTE			10 last birt	nday) Months [	
Auto mechanic    3. FATHER'S NAME   3. FATHER'S NAME   3. FATHER'S NAME   3. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT AID.   Maru L Bit 1985   LaVale, Md.   Md.   Maru L Bit 1985   LaVale, Md.   Md	10a	. USUAL OCCUPATION (Give kind of work done   10b. K		11. BIRTHPLACE (Co	unty & State, or foreign	country)   12. CIT	FIZEN OF WHAT
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  SADIE KEFFER  15. WAS DECEASED EVER IN U.S. ARNED PORCES? (Yes, no., or unknown) (Uf yes give war or dates of service)  NO.  18. CAUSE DP DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY.  PART I. DEATH WAS CAUSED BY.  OUE TO  Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last.  OUE TO  CO.  ACCIDENT WAS UNDERLYING.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMEDT)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20. ACCIDENT WAS UNDERLYING.  SAOUR CONTRIBUTING CAUSE OF DEATH HOW a.m.  19. While While Not While at work and that death occurred at 20. May from the causes and on the date stated above 22a. SIGNATURE  21. I Certify that (i) (this hospital) attended the deceased from 1. 3. 19. LLC, to 1.2. 19. LLC, that (i) (two) last saw the deceased alive on 1.2. 19. LLC, and that death occurred at 20. May from the causes and on the date stated above 22a. SIGNATURE  22c. PHYSICIAN'S  NAME (Type)  WILL LAM P. AMES  23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CITY, town or county) (State) BURIAL CREMATION, 22b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CITY, town or county) (State) BURIAL CREMATION, 22b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CITY, town or county) (State) BURIAL CREMATION, 22b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CITY, town or county) (State) BURIAL CREMATION, 22b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CITY, town or county) (State) BURIAL CREMATION, 22b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CITY, town or county) (State) BURIAL CREMATION, 22b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CITY, town or county) (State)	GUI			PENNSYLV	ANIA ROAL	in U.	S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyse give war or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT M.T.S. Mary L. Bit 1985   AVale Md.  18. CAUSE OF DEATH Lenter only one cause per line for (a), (b), and (c). 1  19. PART I. DEATH WAS CAUSED BY:  11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   19. WAS AUTOPSY PERFORMED;  20. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   19. WAS AUTOPSY PERFORMED;  20. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   19. WAS AUTOPSY PERFORMED;  20. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   19. WAS AUTOPSY PERFORMED;  20. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   19. WAS AUTOPSY PERFORMED;  20. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH OR CONTRIBUTING TO PART II OF THE II	13.	FATHER'S NAME	.v.ccc s.co.oco.n	14. MOTHER'S MAID	EN NAME	<u> </u>	
(Yes, no, or unknown) (If yes give war or dates of service)  NO  18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (b)  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  DUE TO  CONTRIBUTING CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  DUE TO  CONTRIBUTING CAUSE (a)  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY PEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING MINER (IF EITHER, NOTIFY PEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)  20c. TIME OF INJURY Month, Day, Year Mille Mill		JOHN BITINER		SADIE K	E是FER		
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]   18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]   18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]   19. PART I. DEATH WAS CAUSED BY:   10. IMMEDIATE CAUSE (a)   10. DUE TO   10. Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last.   10. Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last.   10. Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last.   10. Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last.   10. Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last.   19. WAS AUTOPSY PERFORMED?   19. WAS AUTOPSY PER	15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO.   17.	INFORMANT MALA	Mary I Bit.	address lat	Jalo Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET A	(11)		20-10-8651	<b>EXTRIPITE</b>			
DUE TO Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last.  DUE TO  Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last.  (b) DUE TO Underlying cause last.  (c)  Conditions (c)  DUE TO Underlying cause last.  (d)  DUE TO Underlying cause last.  (e)  Conditions (c)  DUE TO Underlying cause last.  (e)  DUE TO Underlying cause last.  (f)  PART II. DEFINITION (c)  DUE TO Underlying cause last.  (h)  DUE TO Underlying cause last.  (c)  DUE TO Underlying cause last.  (d)  DUE TO Underlying cause last.  (e)  DUE TO Underlying cause last.  (f)  PART II. DEFINITION (c)  DUE TO Underlying cause last.  (h)  DUE TO Underlying cause last.  (h)  PART II. DEFINITION (c)  DUE TO Underlying cause last.  (h)  PART II. DEFINITION (c)  DUE TO Underlying cause last.  (h)  PART II. DEFINITION (c)  DUE TO Underlying cause last.  (h)  PART II. DEFINITION (c)  DUE TO Underlying cause last.  (h)  PART II. DEFINITION (c)  DUE TO Underlying cause last.  (h)  PART II. DEFINITION (c)  DUE TO Underlying cause last.  (h)  PART II. DEFINITION (c)  PART II. DEFINITION (c)  DUE TO Underlying cause last.  (h)  PART II. DEFINITION (c)  Underlying cause last.  Underlying							INTERVAL BETWEEN
DUE TO Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a)  200. ACCIDENT WAS UNDERLYING TOROUTH CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a)  201. ACCIDENT WAS UNDERLYING TOROUTH CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a)  202. ACCIDENT WAS UNDERLYING TOROUTH CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a)  203. ACCIDENT WAS UNDERLYING TOROUTH MEDICAL EXAMINER)  204. ACCIDENT WAS UNDERLYING TOROUTH MEDICAL EXAMINER)  205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.)  206. TIME OF INJURY Month, Day, Year Hour a.m.  407. While at work the part work of a work to the part of the part 1 or Part 11 of Item 18.)  207. TIME OF INJURY Month, Day, Year at work the part of the part 1 or Part 11 of Item 18.)  208. TIME OF INJURY Month, Day, Year at work the part of the part 1 or Part 11 of Item 18.)  209. Describe How Injury Occurred. (Enter nature of Injury in Part 1 or Part 11 of Item 18.)  200. C. TIME OF INJURY Month, Day, Year at work the part of the part of the part 1 or Part 11 of Item 18.)  201. C. TIME OF INJURY Month, Day, Year at work the part of			0 1. 14.	12 the			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)  201. I Certify that (I) (this hospital) attended the deceased from 19 at work		4201	Compared in	and the second			
gave rise to immediate underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  20a. ACCIDENT WAS UNDERLYING  20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  20c. TIME OF INJURY Month, Day, Year Hour a.m.  20c. TIME OF INJURY Month, Day, Year While at work  21. I certify that (I) (this hospital) attended the deceased from factory, street, office bldg., etc.)  21. I certify that (I) (this hospital) attended the deceased from factory, street, office bldg., etc.)  22a. SIGNATURE  22c. PHYSICIAN'S NAME (1) PHYS.  22d. ADDRESS  44 N. CENTRE ST., CUMBERLAND, MD.  23a. BURIAL CREMATION, 23b. DATE THEREOF  23c. NAME OF GEMETERY OR CREMATORY  23d. LOCATION (City, town or county)  (State)  County)  (State)  23d. LOCATION (City, town or county)  (State)  County)  (State)  23d. LOCATION (City, town or county)  (State)		Conditions if any which \	Donatasila	Land modern			4 Suns
DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Mile at work Authors factory, street, officebidg., etc.)  21. I certify that (I) (this hospital) attended the deceased from factory, street, officebidg., etc.)  21. I certify that (I) (this hospital) attended the deceased from factory, street, officebidg., etc.)  22a. SIGNATURE  22c. PHYSICIAN'S  NAME (Type)  WILLIAM P. IAMES  23a. BURIAL, CREMATION, 23b. DATE THEREOF  23c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  1/24/66  Reatlaum Memorial Gardens  LaVale, Md.  24a. Lovale, Md.  25b. Date Signed  (State)  (State)  (State)  25c. NAME OF CEMETERY OR CREMATORY  1/24/66  Reatlaum Memorial Gardens  LaVale, Md.		gave rise to immediate	() and forces (e.g.	Tiest I de la constante			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  20a, ACCIDENT WAS UNDERLYING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c, CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, factory, street, officeblidg., etc.)  20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, factory, street, officeblidg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 1. 19. (Cut, to 1.22., 19. (City or town) (State)  21. I certify that (I) (this hospital) attended the deceased from 1. 19. (Cut, to 1.22., 19. (Cut, to 1.22.)) DATE SIGNED  22a. SIGNATURE  22c. PHYSICIAN'S  NAME (Type)  WILLIAM P. IAMES  23d. ADDRESS  NAME (Type)  WILLIAM P. IAMES  23d. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, town or county)  (State)  (State)  Contribution of the date stated above 22d. ADDRESS  NAME (Type)  WILLIAM P. IAMES  23d. LOCATION (City, town or county)  (State)  Contribution of the minute of Injury in Part I or Part II of Item 18.)  (County)  (State)		cause (a), stating the	aculty liena	1. 8.	Ludia		Zulan
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, factory, street, officebldg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 1 - 3 , 19 (12, to 1.22 , 19 (16, that (I) (we) last saw the deceased alive on 1.22 , 19 (16, that (I) (we) last	NO	1 (0)	JTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	SEASE CONDITION GIV	EN IN PART 1(a)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, factory, street, officebldg., etc.)  While at work Nort While at work 19 Ltc, to 1-22, 19 Ltc, that (I) (we) lat saw the deceased alive on 19 Ltc, and that death occurred at 20 Am, from the causes and on the date stated above 22a. SIGNATURE  21. I certify that (I) (this hospital) attended the deceased from 1-3, 19 Ltc, to 1-22, 19 Ltc, that (I) (we) lat saw the deceased alive on 19 Ltc, and that death occurred at 20 Am, from the causes and on the date stated above 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  WILLIAM P. IAMES  23d. ADDRESS  441 N. CENTRE ST., CUMBERLAND, MD.  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial 1/24/66 Reatlaum Memorial Gardens LaVale, Md.	CAT						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, factory, street, officebldg., etc.)  While at work Not While at work 19 Loc, that (I) (this hospital) attended the deceased from 1 - 3 , 19 Loc, to 1 - 22 , 19 Loc, that (I) (we) last saw the deceased alive on 19 Loc, and that death occurred at 20 Am, from the causes and on the date stated above 22a. SIGNATURE  21. I certify that (I) (this hospital) attended the deceased from 1 - 3 , 19 Loc, to 1 - 22 , 19 Loc, that (I) (we) last saw the deceased alive on 19 Loc, and that death occurred at 20 Am, from the causes and on the date stated above 22a. SIGNATURE  22a. SIGNATURE  22b. DATE SIGNED  22c. PHYSICIAN'S NAME (Type)  WILLIAM P. IAMES  22d. ADDRESS  441 N. CENTRE ST., CUMBERLAND, MD.  REMOVAL (Specify) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify) BURIAL (Reported at 20 Am, from the causes and on the date stated above 22b. DATE SIGNED  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify) BURIAL (Reported at 20 Am, from the causes and on the date stated above 22b. DATE SIGNED  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify) BURIAL (Reported at 20 Am, from the causes and on the date stated above 22b. DATE SIGNED		20a, ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	Injury in Part I or Pa	rt II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, factory, street, officebldg., etc.)  While at work Nort While at work 19 Ltc, to 1-22, 19 Ltc, that (I) (we) lat saw the deceased alive on 19 Ltc, and that death occurred at 20 Am, from the causes and on the date stated above 22a. SIGNATURE  21. I certify that (I) (this hospital) attended the deceased from 1-3, 19 Ltc, to 1-22, 19 Ltc, that (I) (we) lat saw the deceased alive on 19 Ltc, and that death occurred at 20 Am, from the causes and on the date stated above 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  WILLIAM P. IAMES  23d. ADDRESS  441 N. CENTRE ST., CUMBERLAND, MD.  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial 1/24/66 Reatlaum Memorial Gardens LaVale, Md.	CER	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
21. I certify that (I) (this hospital) attended the deceased from 1-3 , 19 (C, to 1-22 , 19 (L), that (I) (we) last saw the deceased alive on 1-22 19 (L), and that death occurred at 20 Amp from the causes and on the date stated above 22a. SIGNATURE  22a. SIGNATURE  ATTENDING MED. MED. STAFF PHYS.   1/23/66    22c. PHYSICIAN'S NAME (Type) WILLIAM P. IAMES   22d. ADDRESS   22d. ADDRESS   441 N. CENTRE ST., CUMBERLAND, MD. 23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State) BURIAL (Specify)   1/24/66   Reatlawn Memorial Gardens   LaVale Md						wn) (Cour	nty) (State)
21. I certify that (I) (this hospital) attended the deceased from 1-2 , 19 (12, to 1-22 , 19 (16, that (I) (we) last saw the deceased alive on 1-2 19 (16, and that death occurred at 20 Amp from the causes and on the date stated above 22a. Signature  22a. Signature    ATTENDING   MED.   MED.   MED.   STAFF   PHYS.	EDIC		MOT WHITE!	ory, street, office bldg., e	tc.)		
saw the deceased alive on	Σ			1 - 2 10	) / /o to los	7 10 /	/ that (f) (wa) far
22a. SIGNATURE    22a. SIGNATURE   22b. Date SIGNED   22b. Date SIGNED   22c. PHYSICIAN'S NAME (Type)   22d. ADDRESS   441 N. CENTRE ST., CUMBERLAND, MD.   23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county)   (State)   Burial   1/24/66   Restlawn Memorial Gardens   LaVale   Md.							
22c. PHYSICIAN'S NAME (Type)  WILLIAM P. IAMES  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Burial  1/24/66  Restlawn Memorial Gardens  LaVale, Md.		22a. SIGNATURE	13 to anu ula	C death occorred at:	- INPROMETING CO	22b. DA	TE SIGNED
22c. PHYSICIAN'S NAME (Type)  WILLIAM P. IAMES  441 N. CENTRE ST., CUMBERLAND, MD.  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Burial  1/24/66  Reatlaum Memorial Gardens  LaVale, Md.		11.000.00	No. a da Mil	ATTENDING PHYS	MED. STAFF		1/23/66
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  Burial 1/24/66 Reatlawn Momorial Gardens Lavale, Md.			EACCE III.I	22d. ADDRESS	- 11113.	hand I	
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial 1/24/66 Restlaum Momorial Gardens LaVale, Md.			AMES	441 N. C	ENTRE ST.	, CUMBER	LAND, MD.
Burial 1/24/66 Restlaum Memorial Gardens Lavale Md	238	RUDIAL CREMATION   23h DATE THEREOF		Y OR CREMATORY	23d. LOCATION (C	ity, town or cour	nty) (State)
24. FUNERAL DIRECTOR ADDRESS   25a, REC'D BY REGISTRAR'S SIGNATURE		REMOVAL (Specify)	Part Paula House	wine Gandon	Lallaga	Md	
	24		ADDRESS	25a REC	D BY REGISTRAR 2	BEGISTRAR'S	SSIGNATURE
H. Wayne George Cumberland, Md. DATE 26 1956		H. Wanne Gearge	Cumberland N	Id BATEN.	2 0 1956	ILA wayses	July .

VR A15 (4) 20M 1/65



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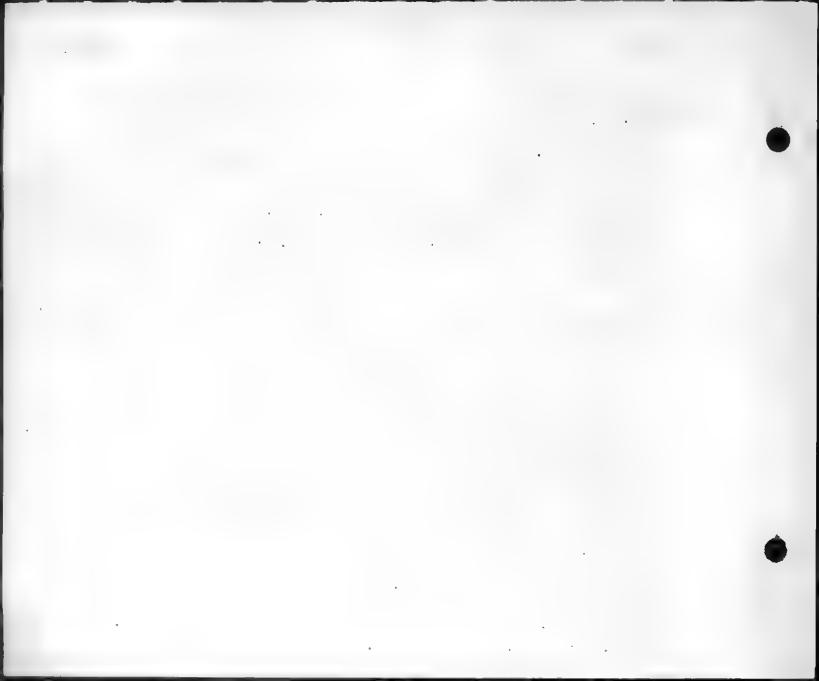
## FOR STATE HEALTH DENT.

O DEPUTY MEXICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay poessary, please execut. The certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO DEPUTY MEN

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2-with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. AI 5ME (5) 5M 1/65

		IVI A	ARYLAND	STATE DE	PARTM	ENT OF I	HEALTH		
	Division of	STATISTICAL RE	ESEARCH AI	ND RECORDS	S, 301 W. I	PRESTON	STREET.	BALTIMORE	1, MARYLAND
000	A Se	MEDIC	AL EVAL	MINER'S	CEDTI	FICATE	OF D	EATH	000
UUU	<b>U</b> U	INITIO	ML EXAI	AILLA EL 2	CERTI	FIGATE	OF D	EATH	4 6 6 7 7 7 7

-									
I	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if instruction: Residence before admission)							
ı	Allegany	a. STATE b. COUNTY Allegany Allegany							
t	b. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
П	Cumberland 60 years	Cumberland							
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADORESS  0. IS RESIDENCE ON A FARM?							
-	100 Laing Ave.	100 Laing Ave. YES NO 3							
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year							
	(Type or print) Harry Cleveland								
	5. SEX   6. COLOR OR RACE   7. MARRIEO NEVER MARRIEO	8. DATE OF BIRTH AUE. 10, 1884  9. AGE (In years   IFUNDER 1 YEAR   FUNDER 24HRS.   Months   Oeys   Hours   Min.   Min.							
4	Male White WIOOWED OIVORCED	710.							
	10e, USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
П	Retired Inspectoer Railroad	Cumberland, Fd. USA							
r	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Jacob Burns	Mary Gaver							
	15 WAS DECEASED EVER IN U.S. ADMED EDDOCES?   16 SOCIAL SECURITY NO.   17	INFORMANT Addrass							
Т	(Yes no er unkown) (is yes give war or dates of service)	Mrs. Virginia Forbeck, Cumberland, Md.							
2									
П	PART I. DEATH WAS CAUSED BY: CORONARY	OCCLUSION INTERVAL BETWEEN ONS TAND DEATH							
ı	IMMEDIATE CAUSE (a)								
1	420   QUE TO CORONAR	Y SCLEROSIS							
1	gave rise to immadiate (								
1	cause (a), steting the DUE TO underlying causa last.								
1		ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY							
1		PERFORMED 2, YES ND PS							
	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCC.	URRED. (Enter nature of Injury In Part 1 or Part II of Item 18.)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PL HOUR a.m. p.m. 19 at work at work	Other leads in injury to the transfer of the same							
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY DCCURRED   20e. PL	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)							
ı	Hour a.m. While Not While p.m. 19 at work at work	ory, street, office bldg., etc.)							
	21. I certify that I took charge of the remains described above, he	eld an Autopsy . Inspection . Inquiry . and in my opinion							
1		nicide . Homicide . Undetermined manner							
1	death resolved from: Water ar Causes [22], Fediteric [7], Ou	/ . CHIEF MEDICAL EXAMINER							
	ACTUAL STORES COLOR ASTAROLI	22. DATE SIGNED							
	SIGNATURE XILLIAM XILL	DEPUTY MEDICAL FYAMINER IX							
	EXAMINER'S Dr. Benedict Skitarelic, M.D.	Address (Street, city, town, or county) Jan. 30, 1966							
ľ	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)								
	Burial   Feb. 2, 1966   Greenmount C	emetery Cumberland, Md.							
1	24. FUNERAL DIRECTOR ADDRESS Tomboo F. Goodhalli Gumberland Ma	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
3	James F. Scarpelli, Cumberland, Md.	558 4 1966 fillantes Judge							



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH completely filled in by the funeral ve carbon papers. Pages 1 and 2 event, within 72 hours after death hours after death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY a. STATE HILE QANG Maryland File ony c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b write RURAL and give nearest town) filled in Cum berland
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) um berland d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO P 5.400 LUU ST. completely i death certificate be executed within NAME OF DATE Month Year First Middle Last Оау DECEASED OF 28 (Type or print) Cleopett DEATH ما ما 19 alter an. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and con director, page 3 should be detached for use as the burial-transit permit. Then please remove should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eve 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9, AGE 4th years | IF UNGER 1 YEAR | IF UNGER 24 HRS 7. MARRIED NEVER MARRIED [ last birthday) Months I Days Hours Colored WICOWEO O IVORCED IT Male 19 02 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KING OF BUSINESS OR 12. CITIZEN OF WHAT (County & State, or foreign country) INDUSTRY COUNTRY? umberland. -O.R.R. U.S.A. FIRMAN 13. FATHER'S NAME MOTHER'S MAIDEN William 2 0 QB 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise to immediate DUE TO (a). stating underlying cause last, CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED 2 NOX YES 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) MEDICAL 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (State) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO 20f. (City or town) (County) Hour a.m. at work at work 19 1960 21. I certify that (I) (this hospital) attended the deceased from to. and that death occurred at \$ 45 M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNEO page ATTENOING PHYS. M.O. OIRECTOR Page 4 may PHYSICIAN'S 22d. AOORESS director, p should be NAME (Type) 23d. (State) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) 166 umberland Urla 24. FUNERAL DIRECTOR **ADORESS** REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Cumberland. 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pulsician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death. THE HOSPITAL DIRACTENDING PHYSHIAM THE law requires that the duath certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

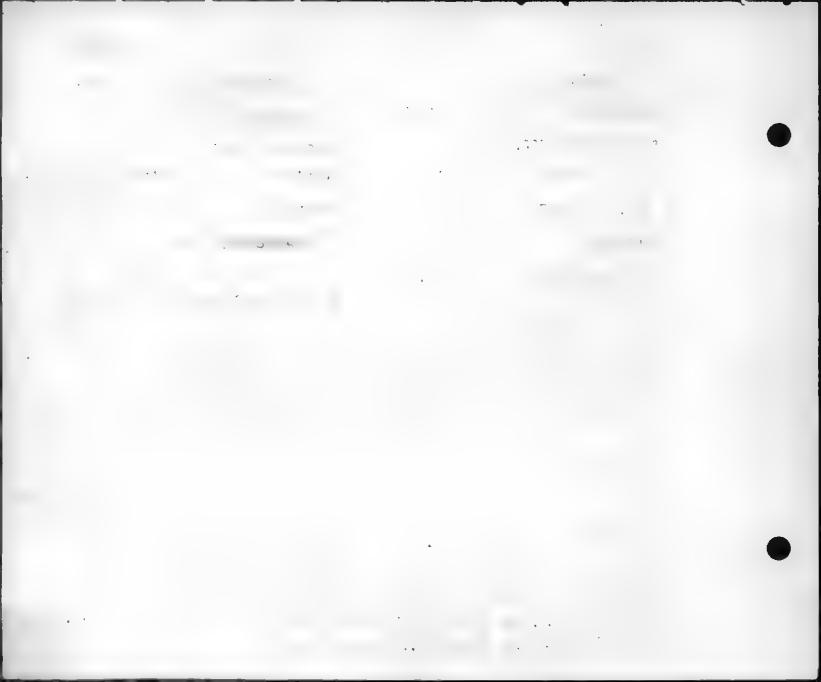
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
	LEGANY	MARYLAND	a. STATE MARYLAND b. COUNTY ALLEGANY					
	outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside c	orporate limits, wr	Ite RURAL a	ind give neare:	t town)
write RURAL and CUMBERLAN		13 Davs	CUMBERLAND 0//					
	AL OR INSTITUTION (If not in h		d. STREET ADDRES	SS,	0.1		e, IS RES	
SACRED HI	EART HOSPITAL		REX R.	N.	MECHANIC	ST.	YES T	NO E
3. NAME OF DECEASED	First	Middle	Last	4. DAT			Day Ye	0.0
(Type or print)	MILDRED		CONDRY	DEA	TH JANUA	RY	27 19	66
5. SEX 6.	COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)			
FEMALE	WHITE WIDOWED	IX DIVORCED	8-9-02		63 yrs.	Months I	Days Hours	Min.
10a, USUAL OCCUPATION during most of working	(Give kind of work done   10b. H	IND OF BUSINESS OR	11. BIRTHPLACE	(County & Sta	te, er foreign country	) 12. CI	IZEN OF WHAT	
HE USEL		NDUSTRY	MARYLAND	)			U.S.S.	
13. FATHER'S NAME			14. MOTHER'S MA					
WALTER VINI	SY		CAROLINE	E VINEY	•			
15. WAS DECEASED EVER	RINUS. ARMED FORCES?   16.	SOCIAL SECURITY NO.   17.	INFORMANT		Addre	\$\$		-
(Yes, no, or unkown) (If:	yes pive war or dates of service)	NONE	PATIEN	VI 'S CH	ARE			
_	TH [Enter only one cause per l		-				INTERVAL BE	TWEEN
		1 11 1 17 -	noden.				ONSET AND	DEATH
, , , 18	WAS CAUSED BY: MMEDIATE CAUSE (a) Acute	coronary occi	usion				minute:	3
0.00	DUE TO							
Cenditions, If any,		<u>riosclerotic Ca</u>			ease with			
cause (a), statin	g the DUE TO	chronic conges	tive failu	ire			2 month	18
underlying cause la							119. WAS AL	TODAY
E)	IFICANT CONDITIONS CONTRIB				MULLIONGIVEN IN	PARII(a)	PERFOR	
Acute thro	mbosis, right is understying 20b.	femoral artery	(corrected	i): Dia	betes		YES 💂	ио 🔲
20a. ACCIDENT WAS	UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature	of Injury In	Part   or Part    o	f Item 18.)		
	MEDICAL EXAMINER)							
20c. TIME OF INJU	,	fanta	CE OF INJURY (Home, ry, street, office bldg.		(City or town)	(Cour	ty) (5	itate)
ZOC. TIME OF INJU-	While 19 at wor	Mot wutte	, s. , c. , o o g log.	,,,,,,				
	at (I) (this hospital) attend	ed the deceased from D	ecember 27	719.65. t	0 Jan. 27.	19_6	c. that (I) (v	ve) last
saw the decea	sed alive on January	27. 1966 A. and that	death occurred a	7:20M.	from the causes	and on th	e date stated	above.
22a. SIGNATURE				MED.			TE SIGNED	
(hla	don ARE	ramon M.D	ATTENDING -	DIRECTOR	STAFF PHYS.	Jan.	29,1966	
22c. PHYSICHAN'S		V	22d. ADDRESS					
NAME (Type)	WYAND F. DOERNE	R, JR. M.D.	414 N. P	MECHANI	C ST., C	MBERL	AND, MD	•
23a. BURIAL, CREMATI	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	234.	LOCATION (CIty, to	own or coul	rty) (SI	ate)
REMOVAL (Specify	JAN 31 1966	St. MICHAELS O	HIHELIC (E)	P17.	EKOST BUI	PG ,	17/4/5/1/4	MI
24. FUNERAL DIRECTO		ADDRESS	25a. F		GISTRAR   25b. 8	EGISTRAR'S		
John 7 Hay	112. YOE BALTI	MERE AVE. (UM)		FEB 1	1966 //	Charles	Land Day	
# 1			TATO		K			

VR A15 (4) 20M 1/65 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attinuing physician and completely filled in by the funaral director, page 3 should be detached for use as the burial-transit permit. The please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remove, and in any event, within 72 hours after death.

	DIVISIO	N OF STATISTIC			, 301 W. PRESTO	N STREET, BALTIMORE 1, I	MARYLAND		
	DRATT			CERTIFICAT	E OF DEATH	0.08	111		
1.	PLACE OF DEATH	H LEGANY		·	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a, STATE b. COUNTY				
	, , , , ,			MARYLAND			EGANY		
	CUMBERL	N (If outside corpora and give nearest tow AND	n)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (if outside corporate limits, write RURÂL and give nearest town)  CUMBERLAND				
	d. NAME OF HOS	SPITAL OR INSTITUTION	N (if not in ho:	spital, give street address)	d. STREET ADDRESS	67-1	e. IS RESIDENCE		
		EART HOSP.			420 PINE	PLACE	ON A FARM? YES NO X		
3.	NAME OF DECEASED (Type or print)	OCTAV IA	rst	Middle MM*PRISCILIA	CROTHERS	4. DATE Month OF JANUARY	24 19 66		
5.	SEX	6. COLOR OR RACE	7. MARRIED	M NEUTO MADDIED [7]	8. DATE OF BIRTH		19 R 1 YEAR JIF UNDER 24 HRS.		
	FEM.	WHITE	WIDOWED	NEVER MARRIED DIVORCED	9-4-1899	last birthday) Months	Days Hours Min.		
1Da dur	. USUAL OCCUPAT	ION (Cive kind of work ing life, even if retire	done 10b. Kill	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Co	ounty & State, or foreign country)   12. C	OUNTRY?		
13.	HOUSEWIF! FATHER'S NAM	E E			PAW PAW	WEST VIRGINIA	USA		
	William	m Engle		DEC.	Rachael	Fishel DEC.			
15. (Ye	. WAS DECEASED I s, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	RCÉS? 16. S f service)		INFORMANT BRUCE CROTHE	RS HUSBAND 420 PI	NE PL.		
-		DESTIL SEAL SALVE					THYCRUIN DETWEEN		
		ATH WAS CAUSED BY	: "	e for (a), (b), and (c).1	INFAR	(7/04)	ONSET AND DEATH		
	4701	IMMEDIATE CAUSE	(a)	2011/11/14/2		- 11 070			
- 1	Conditions, If	any, which }	(b)						
	gave rise to cause (a), si								
_	underlying caus	raring me [	(c)						
NO	PARTIL OTHER S	SIGNIFICANT CONDITION		INC TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	ISEASE CONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		
ICAT							YES NO		
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT! (IF EITHER, NO	WAS UNDERLYING ON THE CAUSE OF DEA	20b. DE	SCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	Injury in Part   or Part II of Item 18	1.)		
	20c. TIME OF I	NJURY Month, Day,		JURY OCCURRED   20e. PLA	CE OF INJURY (Home, fai ry, street, office bldg., et	rm, 20f. (City or town) (Co	unty) (State)		
MEDICAL	Hour a.n		While at work	— MOT WHITE [—]	ny, sa eer, omca alag., ei	16.,			
		y that (I) (this hosp ceased alive on	ital) attended	the deceased from	1960, 19 t death occurred at /		the date stated above		
- 1	22a. SICNATUR			13 Sep, allu lila		22b. [	ATE SIGNED		
Н		- much	exil	Glende M.		MED. STAFF	-25.66		
ļ	22c. PHYSICIA NAME (Ty				22d. ADDRESS				
23a	BURIAL, CREM	ATION, 23b. DATE	THEREOF I	23c. NAME OF CEMETER	OR CREMATORY	23d. LOCATION (City, town or co	ounty) (State)		
	REMOVAL (Spe Burial	eclfy)		Sunset Memor		Near Cumberland			
24.		CTOR, A	, 1966	ADDRESS	lai Park   25a. REC	'D BY RECISTRAR   25b REGISTRAR	S SIGNATURE P		
<	John V	Zal 21 23	O Balto	Ave., Cumber	land, MdTE	1 1966 //	~1		
-7	1	/ \-			/ DATE				

VR A15 (4) 20M 1/65



TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. may be O DEPUTY MEDICAL MEDICAL MINING. This cartificate should be executed mittin 14 hours after limith. If any lelay please execute we certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files. O DEPUTY WER

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVIS			ARCH AND RECORD	•			I, MARYL	AND		
18.	COUIZ	M	EDICAL	. EXAMINER'S	CERTIFICAT	E OF DE	ATH	()4	012		
1.	PLACE OF DEAT	H			2. USUAL RESIDEN	CE (Where deceased		tion: Residence	e before ac	(mission)	
	ALLEC	GANY	a. STATE MARYTAND b. COUNTY ALLEMANY								
-	b. CITY OR TOW	/N (If outside corporate	e limits,	MARYLAND C. LENGTH OF STAY IN 18			te limits, write F			st town)	
		and give nearest town	1)	D. O. A.	FROST	BURG.	e4 1	1			
-			N (If not In h	ospital, give street address		Dorces	- 1		e. IS RES		
	1111	ms icc ima	. , , , ,	,	54 W. MEC	CHÂNIC ST	REET,		YES T	FARM?	
3.	NAME OF	Flr		Middle	Last	4. DATE DF	Month	Day	,		
	(Type or print)	1 1 The	TY		Cyllen	DEATH	1	28	3 19	66	
5.	\$EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AG	돈 (In years IF U 支 birthday) Mor	NDER 1 YEAR			
	MALE	WITTE	WIDOWED	DIVORCED	8/31/09	5	Wor Mor	nths   Days	Hours	Min.	
10	a. USUAL OCCUPAT	FION (Give kind of work d	one   10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign c		12. CITIZEN			
au	ring most of work	ing life, even if retired		NDUSTRY LANESE CORP.	OTITO			COUNTR	SA		
13	. FATHER'S NAM	1E	1 023	DANEDE COM	OHIO	EN NAME	1	Uk	2R		
DANIEL J. CULLEN MARTHA M. MCKEE											
15	5. WAS DECEASED	EVER IN U.S. ARMED FOR	RCES?   16.	SOCIAL SECURITY NO.   17	. INFORMANT		* Address				
41	NO ne muchan	( If yes give war or dates of		4-01-3687 M	ISS MARY C. (	GRIMES,	FROSTBŮB	MECHAL RG. MD.	NIC S	Т.,	
-		DEATH [Enter only one					INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: Coronary Occlusion							Suc	Sudden		
	/ _ /										
	Conditions, If eny, which } (b) Coronary Sclerosis										
	geve rise to	immediate (									
	underlying caus	as lest	(c)								
NO	V/-									TOPSY MED?	
CERTIFICATION								Y	ES TE	ND T	
E	20e. EXTERNA	L CAUSE WAS	20b.	DESCRIBE HOW INJURY OF	CURRED. (Enter nuture o	f injury in Part I	or Part II of Ite	am 18.)			
ERI	PRIMARY OF DEAT	CONTRIBUTING									
AL C		INJURY Month, Day, 1	ear   20d.	NIURY OCCURRED 20e. P	LACE OF INJURY (Home, f	arm, 20f. (City	or town)	(County)	- (	State)	
MEDICAL	Hour e.m. While Not While factory, street, office bldg., etc.)										
ME		m. 19	at wor		12. 4.1		To accion		d in	oninio	
	21. 1 certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry and in my opinion										
	death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner										
	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER									SIGNED	
	SIGNATURE ALMA OUL MUNICIPAL M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER January 28, 1966										
	EXAMINER'S	BENEDICT SI	KITARE	LIC. M.D.		t, city, town, or		erlan	7. MY TA00		
23	A RURIAL CREA			23c. NAME OF CEMETE			ION (City, town		all the	tate)	
2.3	REMOVAL (SP	MATION, 23b. DATE T	/				STBURG.		M		
2	BIRIAL 4. FUNERAL DIRE	1-31-6	D	F'BG. MEMORI	AL PARK 25a. RE	C'D BY REGISTRA	AR   25b_ REGIS	STRAR'S SIG		J.a.	

FROSTBURG, MD.

1956

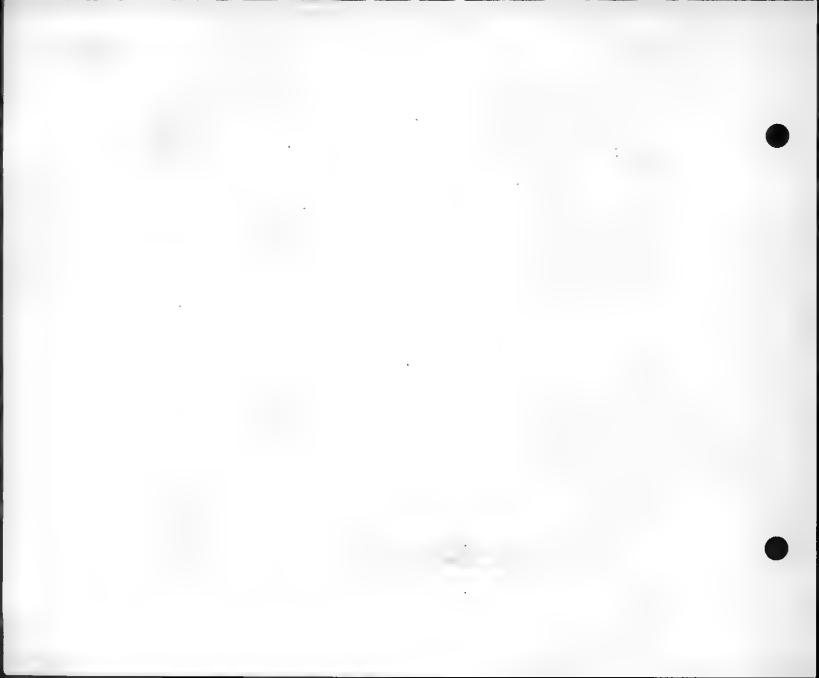
250 REGISTRAR'S SIGNATURE

VR ALSME (5) 1/65

JOSEPH R. DURST, SR.,

3"

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT: PLACE OF DEATH 8. COUNTY USUAL RESIDENCE (Where deceased lived, if Institution; Residence before admission) a. STATE b. COUNTY ALLEGANY MARYLAND ALLEGANY Department after death. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) 40 YEARS CUMBERLAND CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? State hours a □ NO 🖸 508 PEARRE AVE. PEARRE 3. NAME OF First DATE Middle Month DECEASED the 72 0F (Type or print) DEATH DAVIS JAN 19 66 EXAMINER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, tould be forwarded to the Chief Medical Examiner's Office along with-form 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lest birthday) Months I Davs Hours MATE WHITE WI 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DIVORCED JAN. 1. 1893 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? RATEROAD pages 1 in any KAYSER. W.VA. USA FOREMAN 13. FATHER'S NAME MOTHER'S MAIDEN NAME CHARLES E. DAVIS LENA MERRYMAN and and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address INFORMANT (Yes, no, or unknyn) (It yes give war or dates of service) permit. removal 705 09 9838 MARGUERITE TIDWELL CUMBERLAND. NOMO INTERVAL BETWEEN ONSET AND DEATH 16. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit cremation, or SIDDEN CORONARY OC CLUSTON **DUE TO** CORONARY SCLEROSIS Conditions, if eny, which ----(b) gave rise to immediate DUE TO cause (e), stating the 60 used as a to burial, underlying cause last, (c) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. CERTIFICATION he certificate, writing the should be forwarded to the YES 3 should be agent, prior t 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour e.m. While Not While While Not While at work DIRECTOR: Page or its designated a 21. I certify that I took charge of the remains described above, held an Autoosy Inquiry wxx. Inspection and in my opinion files. Undetermined manner death resulted from: Natural causes xxxx Accident Suicide Homicide CHIEF MEDICAL EXAMINER Page 4 for your ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR 9 FUNERAL T DEPUTY MEDICAL EXAMINER January 30, 1966 director. retained f **EXAMINER'S** BENEDICT SKITARELÆ C. M.D. Address (Street, city, town, or county) Cumberland. Md. NAME (Type) 23a. BURIAL, CREMATION J. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATURY 23d. LDCATION (City, town or county) REMOVAL (Specify) o, 2 HILLCREST BURTAL CUMBERLAND REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25a. 1966 CUMBERLAND, MD. VR ALSME (5) 1/65

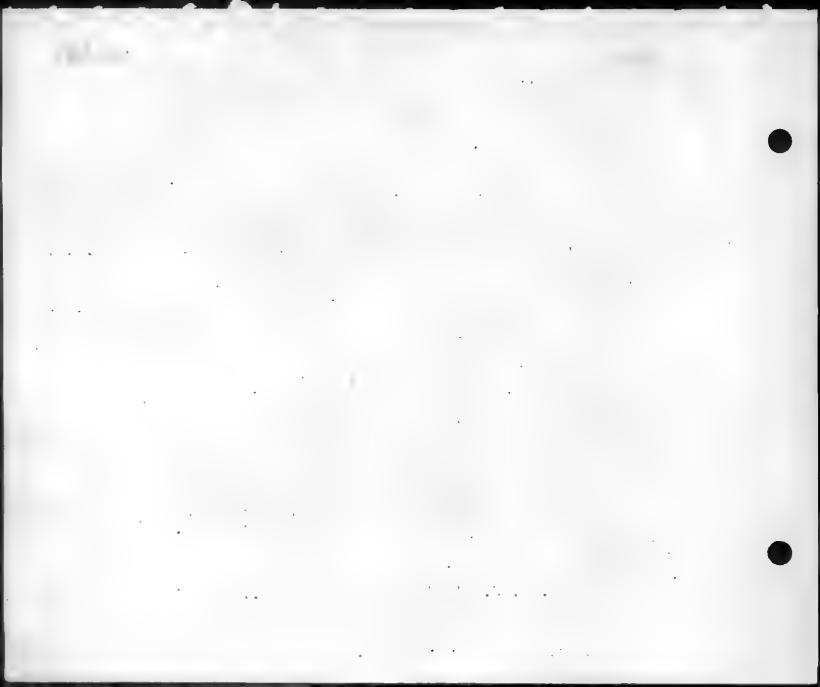


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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
ON A CEPTIFICATE OF DEATH

-	00014			CERTIFI	CAT	E OF DEATH		00014		
1.	PLACE OF DEAT					2. USUAL RESIDENC	E (Where deceased lived, If in	stitution: Residence before admi-	ssion)	
ALLEGANY					a. STATEMARYLAND b. COUNTY ALLEGANY					
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)			C. LENCTH OF STAY	IN 1b	c, CITY OR TOWN (If	outside corporate limits, wi	rite RURAL and give nearest t	(own)	
write RURAL and give nearest town)  5 DAYS					CUMBERLAND C/-/					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  MEMORIAL HOSPITAL						d. STREET ADDRESS		e. IS RESIDI		
	MEMU	RIAL HUST	TAL			3 BOO	ONE STREET		0 X	
3.	DECEASED	F	Irst	Middle		Last	4. DATE Mont			
-	(Type or print)	F COLOR OR DAGE	LEDA	V		DAVIS B. OATE OF BIRTH	DEATH JANU	JARY 15 19 (   IFUNDER 1 YEAR   IF UNDER 24	66 4 HPS	
		6. COLOR ON MAGE		X NEVER MARRIE			last birthday)	Months Days Hours	Win.	
	EMALE	I WHITE TION (Cive kind of work	WIDOWEO	IND DF BUSINESS DR	7	9-25-1903	62 yrs.	) 12. CITIZEN OF WHAT		
đĩ	uring most of work	dag life, even If retire	(a)	NDUSTRY WN HOME		COUNTRY?				
1	HOUS 3. FATHER'S NAM	EWIFE		WILL DOLLD		14. MOTHER'S MAIO		U.S.A.		
		GORDON								
	5. WAS DECEASED	EVER IN U.S. ARMED FI		SOCIAL SECURITY NO	.   17.	DELIA BELTS  INFORMANT  Address				
10	Yes, no, or Unkown)	(If yes give war or dutes	of service)		M	EMORIAL HO	SPITAL - CUMB	ERLAND, MD.		
=	1 18. CAUSE OF	DEATH [Enter only or	ne cause per	marfor (a), (b), and (c	).1	111	-	INTERVAL BETW	EEN	
Н	PART I. O	EATH WAS CAUSED BY	5	et	-4-	T. Bras	· Woods	ONSET AND OF	HIA	
IMMEDIATE CAUSE (a)										
	conditions, if any, which ) (b) Chrome Agreeme									
	gave rise to immediate cause (a), stating the									
_	underlying cau	se last.	(c) //-	gota	200	eal or	Coveral	ee e	-	
1011	PARTII. DTHER	SICNIFICANT CONDITI	DNSCONTRIBL	TINC TO DEATH BUT I	VOTRELA	TEO TO THE TERMINAL D	ISEASE CONOITION CIVEN IN	PART 1(a) 19. WAS AUTO PERFORME	ED?	
FICA	YES NO									
CERTIFICATION		WAS UNCERLYING CAUSE OF DEADTIFY MEDICAL EXAMI	ATH I	DESCRIBE HOW INJUI	RY OCCU	IRREO. (Enter nature of	injury in Part I or Part II o	or item 18.)		
MEDICAL	2Dc. TIME OF	INJURY Month, Day,			20e. PLA	CE OF INJURY (Home, fa ry, street, office bldg., e	rm, 20f (Glty or town)	(County) (Sta	te)	
MED	Hour a.	.m. 19	While at work	Not While at work	14010	7	Kenne Allek	Millerille		
		fy that (I) (this hos		ed the deceased f	rom	17/64,1	9 to //3/1	19 that (I) (we)	) last	
1		ceased alive on	1/14/2	<u>4 19 , a</u>	and that	death occurred at	M, from the causes	and on the date stated a	bove.	
ΙŹ	22a. SIGNATU	11/1/1	1/			ATTENDING -	MED STAFF	22b. DATE SIGNED		
	ezc. Physici	AND HUN	vin	m		PHYS. 22d. AOORESS	OIRECTOR PHYS.	1115/46		
	NAME (	DR. R.	J. WI	LLIAMS		122 5	CENTRE ST	CUMBERLAND	LAF	
23	3a. BURIAL, CRÉI	MATION, 23b. DATE		23c. NAME OF CI	EMETERY		23d. LDCATION (City, t		e)	
	Burial		, 1966	Sunset M	lemon	rial Park_	Cumberland	-Ma-		
2	4. FUNERAL DIR			ADORESS		25a. REC	- 61	/ / /		
) .	James I	S. Scarpel	li, Cun	nberland,M	id.	OATE	1 × 1966 1 1 -	iones Judge		
							· ·			

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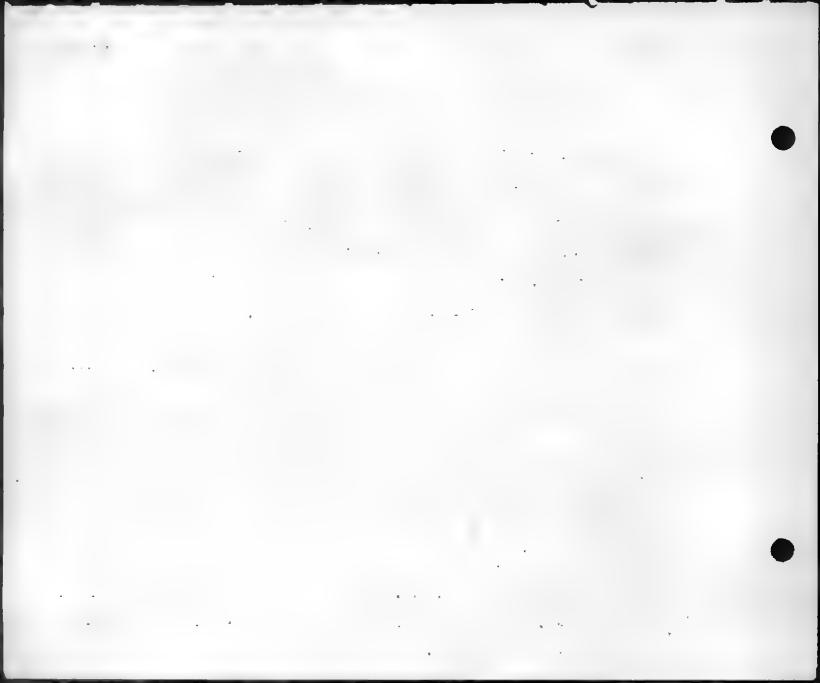


MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 15M 4-64



1		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR ST		00016 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00016	
PHEALTH I	UEPI.	PLACE DF OEATH  a. COUNTY  2. USUAL RESIDENCE (Where decreased lived, If institution: Residence before admission)  a. STATE  b. COUNTY	
252	55	Allegany  MARYLANO  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Maryland  Allegany  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
cessary funera may be	ter death	Cumberland DOA To Volo	
	<b>37</b> 6	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?	
d 3 to	hours	Memorial Hospital 45 National Highway YES No 2	
2 4 E	2E	DECEASED (Type or print) Walter Eugene Derlan DEATH January 2/, 1966	
s after death. If a 8. Give Pages 1, 2 Hong with form P	within	SEX 6. COLOR OR RACE 7. MARRIEO X NEVER MARRIEO 8. OATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR   FUNDER 24 HRS. last birthday) Months   Days   Hours   Min.	
Page	78	Male   White   WIDOWEO   DIVORCED   March 14, 1924   4,1 yrs.	
rs after des 18. Give Pa along with		ring most of working life, even if retired) INOUSTRY  Supervisor Forman ReadyTrack P&ODeisel Maryland II S A  3. FATHER'S NAME	
트 리 리	in any		
	and	Herman B. Derlan Rose Riggleman  5. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
encil in iner's	removal,	(es, no, or unknown) ((fyes give war or dates of service)  Yes WW2 218-16-2779 Mrs. Mildred G. Derlan-45 Nat'l Hwy, La Valo	е
in pencil in Examiner's	r per	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. OEATH WAS CAUSED BY:  Coronary Occlusion  INTERVAL BETWEEN  ONE OF DEATH  STATE OF DEATH  S	Md
errorind Iding" in Ilcal Exan	on, o	IMMEDIATE CAUSE (e)	
e endi	cremation, or	Conditions, if any, which   Goronary Scienosis With infombosis   Goronary Scienosis   Conditions   Conditio	
		cause (a), atating the OUE TO underlying couse last. (c)	
	used as to burial		
mertifical viting the v	or to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
R. This mer ate, writin forwarded	, pri		
R: This ate, wr forward	agent, prior l	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour e.m. While Not While at work at work at work	
EXAMITE: certificate lould be for	at unrecture rage and or its designated a	While now is at work 19 at work 19 at work 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and in my opinion	
EXAMI ne certi should is	esign	death resulted from: Natural causes X, Accident, Suicide, Homicide, Undetermined manner	
te 4 vour	its 6	ACTUAL Benedict Statelie M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED	
	10 4	OEPUTY MEDICAL EXAMINER X January 24, 1966	
DEPUTY please ex director. retained f	Health C	NAME (Type) RENEDICT SKITARELIC, M.D. Address (Street, city, town, or counts mmberland, Md.  1a. BURIAL, CREMATION, 23b. OATE THEREOF   23c. NAME OF CEMETERY DR CREMATORY   23d. LDCATION (City, town or county) (State)	
	8 25	Burial Jan. 27, 1966 Hillcrest Burial Park Cumberland, Maryland	
VR AISM	E (5)	ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 25c. REC'D BY REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRA	
5M	1/65	TOTALE - 2 TODA 4 - 4 - 4	

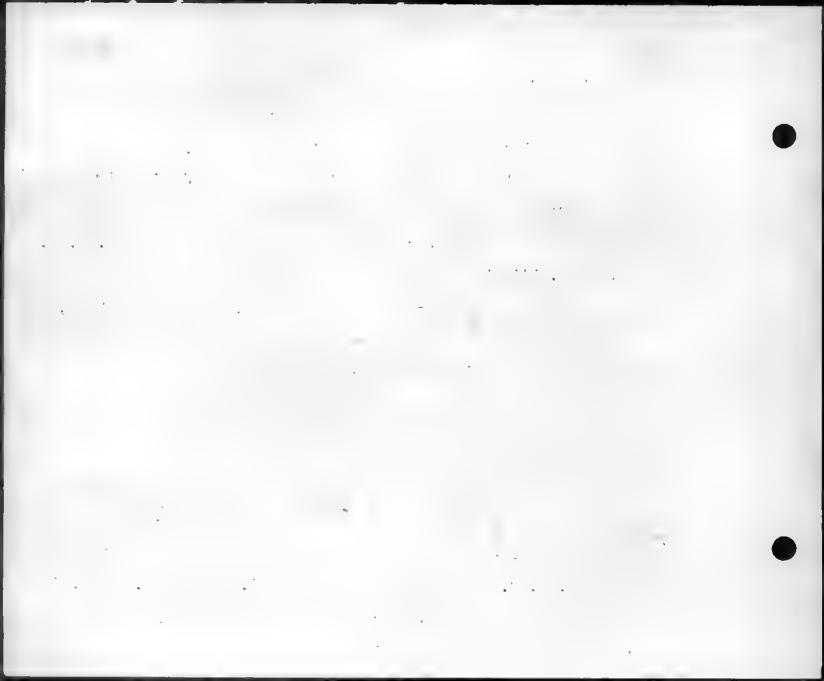


death mertilicate be executed with 24 hours after death, he attending physician and completely filled in by the funeral permit. Then please remove carbon papers. Pages 1 and 2 min. or removal, and if ally event, within 72 hours after death.

by the fi Pages 1 urs after papers. Page nin 72 hours a within carbon attending physician and comple rmit. Then please remove cark n, or removal, and the air event, ed by the attend transit permit. , cremation, or re n signed by th burial-transit burial, cremat been the r to as th for use Health I certificate r this certifidetached for the Dept. of F be de State After Id be d DIRECTOR: A age 3 should iled with the ? page FUNERAL director, p 2

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, 11 institution: Residence before admission) a. STATE b. COUNTY ALLE GANY C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b. CUMBERLAND DAYS CUMBERLAND a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? MEMORIAL HOSPI TAL FAYETTE No X DATE NAME OF First Year 3. Middle Last 4. Month DECEASED EMERY DICKEN JANUARY 66 (Type or print) CARL DEATH 19 AGE (In years ) IF UNDER 1 YEAR UF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED X NEVER MARRIED last birthday) Months Days Hours 10-21-1903 62 MALE WHITE WIDOWED DIVORCED 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work done 1 Db. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? S. Brewery MARYLAND Α Foreman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FISHER JOHN E. DICKEN LEDA MAY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) I (If yes pive war or dates of service) 214-05-5071 CUMBERL No INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO Z YES -2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part |) of Item 18.) (State) (County) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 201. (Gity or town) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work that (I) (we)-last 21. I certify that (I) (this hospitally attended the deceased from Prof from the causes and on the date stated above. sew the deceased alive on and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. M.D. DIRECTOR PHYSICIAN'S 22d. ADDRESS NAME (Type) CENTRE NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23a. REMOVAL\_(Specify) Peter & Paul Cem. Marukand Burial 20/66 Cumberland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS H. Wayne George Cumberland. Maryland

VR A15 (4) 2DM 1/65



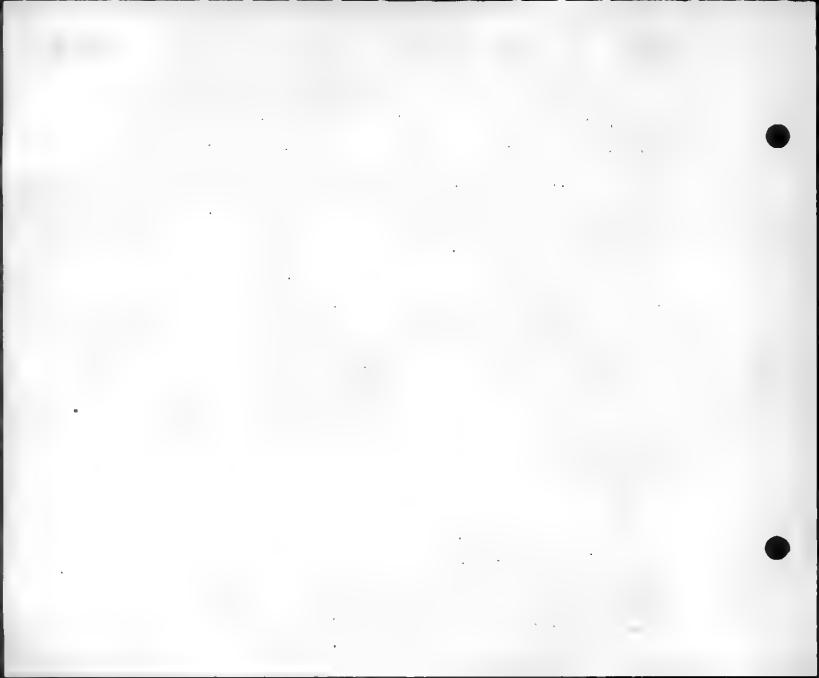
FOR STATE HEALTH DEPT.

ME THE STATE OF THIS Certificate should be executed willin 21 hours after smath. If any lelay accessary, eccured certificate, writing the word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 is tuneral Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be a page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages T and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. director. Page 4 should retained for your files. TO DEPUTY ME

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

3. NAME OF DECEASED OF DECEASE	8_								
ALLEGANY  b. CITY OR TOWN (if outside corporate limits, c. Length of STAY IN 1D write Rural and give nearest town)  LA VALE  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  220 NATIONAL HIGHWAY  220 NATIONAL HIGHWAY  3. NAME OF FIrst  Middle  Lest  4. DATE  DECEASED  (Type or print)  ROBERT  W. DIGGS  5. SEX  6. COLOR OR RACE  7. MARRIED  NOVORCED  DIVORCED  DIVORCED  OCT. 22 1910  55 yrs.  MARYLAND  ALLECANY  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest to the street address)  a. IS RESIDED  ON A FARR  220 NATIONAL HIGHWAY  YES  NO  NO  196  ABJE  MONTH  Day  Year  197  BEATH  JAN  21 19  6. COLOR OR RACE  7. MARRIED  NOVORCED  DIVORCED  DIVORCED  OCT. 22 1910  55 yrs.  MARYLAND  Last birthay)  Months  Days  Hours  Months  Days  Hours  Maryland  LA VALE  JEWELLER  10. STREET ADDRESS  A. STREET AD	dmlssion)								
WITE RURAL and give nearest town)  LA VALE  d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)  220 NATIONAL HIGHWAY  220 NATIONAL HIGHWAY  3. NAME OF DEEASED (If year)  DEEEASED (Type or print)  S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  NO  103. USUAL OCCUPATION (Give kind of work done)  104. KIND OF BUSINESS OR  INDUSTRY  THWEILER  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  NO  16. SOCIAL SECURITY NO.  17. INFORMANT  NO  17. INFORMANT  NO  NO  NO  NO  NO  NO  NO  NO  NO									
LA VALE  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  220 NATIONAL HIGHWAY  220 NATIONAL HIGHWAY  3. MAME OF DECEASED (Type or print)  ROBERT W. DIGGS  5. SEX  6. COLOR OR RAGE 7. MARRIED NEVER MARRIED SEX NEVER MARRIED SEX NOTE OF BIRTH  9. AGE (in years if funder year in funder 24 last birthday)  MALE WHITE WIDOWED DIVORCED OCT. 22 1910 55 yrs.  10a. USUAL OCCUPATION (Give kind of work done 10b. Kind of Business or Individual)  10a. USUAL OCCUPATION (Give kind of work done 10b. Kind of Business or Individual)  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unfown) (If yes give war or dates of service)  NO  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION  CORONARY OCCLUSION  18. SAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION  CORONARY OCCLUSION  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION  CORONARY OCCLUSION  CORONARY OCCLUSION  CORONARY OCCLUSION	st town)								
220 NATIONAL HIGHWAY  220 NATIONAL HIGHWAY  3. NAME OF DECEASED (Type or print)  ROBERT W. DIGGS  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED OCT. 22 1910 55 yrs.  10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY  TEWELER  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION									
3. NAME OF DECEASED DECEASED (Type or print) ROBERT W. DIGGS  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 10. USUAL OCCUPATION (Give kind of work done) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CORONARY OCCLUSION  DUE TO  CORONARY OCCLUSION  CORONARY	SIDENCE FARM?								
TEMELER   TOHN W. DIGGS   Total Reservoice   Tota	NO								
5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years if under 1 year if under 24 isst birthday) Months Days Hours Months Days	ar								
MAIE WHITE WIDOWED DIVORCED OCT. 22 1910 55 yrs. Months bays Hours in the country of the country									
MALE WHITE WIDOWED DIVORCED OCT. 22 1910 55 yrs.  10a, USUAL OCCUPATION (Give kind of work done) 10b. Kind of Business or Industry  11. BIRTHPLACE (state or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CORONARY OCCLUSION  CORONARY OCCLUSION  CORONARY OCCLUSION  CORONARY OCCLUSION  CORONARY OCCLUSION  CORONARY OCCLUSION									
JEWELER  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT (17. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  19. CORONARY OCCLUSION  CORONARY OCCLUSION  CORONARY OCCLUSION  CORONARY OCCLUSION  CORONARY OCCLUSION									
13. FATHER'S NAME  JOHN W. DIGGS  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) (Pes, no, or unknown) (If yes give war or dates of service) (NO 214 05 5730 MRS. ELENORE DIGGS LA VALE, MD.  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CORONARY OCCLUSION SUDDEN  CORONARY OCCLUSION  CORONARY OCCLUSION  CORONARY OCCLUSION  CORONARY OCCLUSION									
JOHN W. DIGGS  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO  214 05 5730 MRS. ELENORE DIGGS LA VALE, MD.  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CORONARY OCCLUSION  CORONARY OCCLUSION  CORONARY OCCLUSION  CORONARY OCCLUSION									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unflown) (If yes give war or dates of service) 214 05 5730 MRS. ELENORE DIGGS LA VALE, MD.  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION SUDDEN  CORONARY OCCLUSION  CORONARY OCCLUSION  CORONARY OCCLUSION									
(Yes, no, or unflown) (If yes give war or dates of service) NO  214 05 5730 MRS. ELENORE DIGGS LA VALE, MD.  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CORONARY OCCLUSION  DUE TO  CORONARY OCCLUSION  CORONARY OCCLUSION									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEAT  SUDDEN  CORONARY OCCLUSION  DUE TO  CORONARY OCCLUSION									
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CORONARY OCCLUSION  CORONARY  CORONARY  CORONARY  COLUSION  CORONARY  COLUSION	TWEEN								
MMEDIATE CAUSE (a) CORONART OCCIUSION  # 20 / DUE TO  CORONART OCCIUSION  CORONART OCCIUSION									
Conditions if any which is									
gave rise to immediate									
nadawisian assaulta tire									
	UTOPSY								
YES NO	NO X								
20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)									
E PRIMARY OF CONTRIBUTING C									
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State	(State)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURSED. (Enter nature of injury in Part 1 or Part II of Item 18.)  PRIMARY OF CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  While Not While at work of work.									
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection XX, Inquiry XX, and in my opin	opinion								
death resulted from: Natural causes  Accident  Sulcide  Homicide  Undetermined manner									
CHIEF MEDICAL EXAMINER									
SIGNATURE SUMMER SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER 22. DATE SIGN	SIGNED								
DEPUTY MEDICAL EXAMINER XX January 21, 1966									
I NAME (Type) BENEDICT SKITAREL IC, M.D. Address (Street, city, town, or county) Cumberland, Md.									
REMOVAL (Specify)	(att)								
BURIAL JAN. 23.1966 HILLCREST BURIAL PARK CUMBERLAND, MD.									
BYRON KIGHT CUMBERLAND, MD. DAVEN 24 1996 2 Complay Quelo									

VR AISME (5) SM 1/65



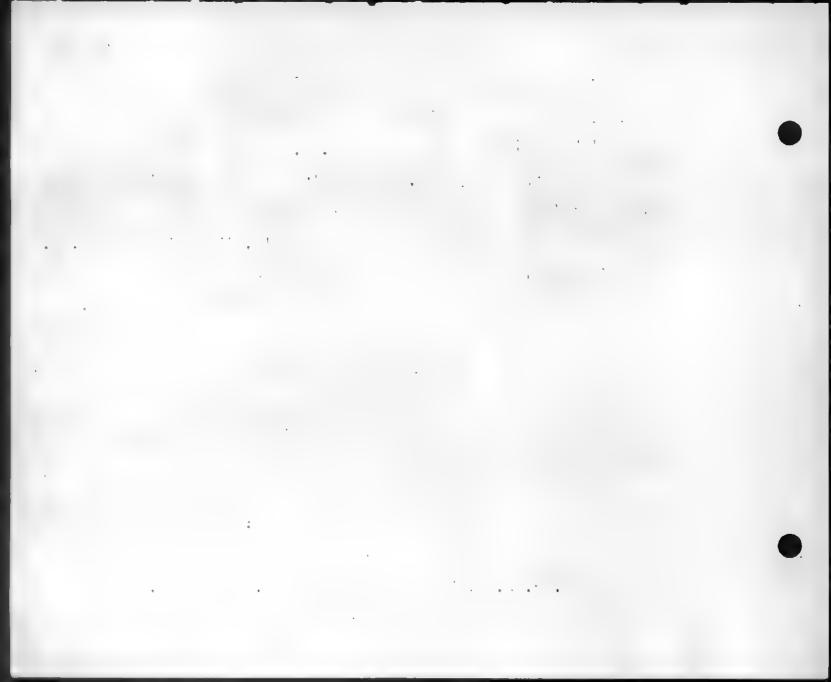
W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S V. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence . COUNTY Maryland Allegany Allegany MARYLAND b. CITY OR TOWN (if outside corporate lim ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Nikep d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street eddress) d STREET ADDRESS . IS RESIDENCE ON A FARM? 3. NAME OF . 4. DATE DECEASED (Type or print) ANGUS DONALDSON 1/28/1966 6. COLOR OR RACE 7, MARRIED NEVER MARRIED | 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Days D VORCED Male WIDOWED | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired Paper Mill, Luke, MD. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Caterine Brown William Donaldson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOC AL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesg vawarordelesofservice) Robert Donaldson Nikep Yes World War 18. CAUSE OF DEATH (Enter on y one cause per I ne for (a), (b), and (c) ] ONSET AND DEATH Ruptured Aorta Sudden IMMEDIATE CAUSE (0) DUE TO (Struck by Automobile) Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying PART IL OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)1 19. WAS AUTOPSY PERFORMED? YES THE NO 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Peri I or Peri I, of item 18.) 206. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Pedestrian struck by automobile 20d. INJURY OCCURRED 200 PLACE OF INJURY (Horns, farm. 201. [City or rown) 20c. T ME OF INJURY (County) fectory, street, office bldg., etc.) Swork at work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X, and in my opinion Natural causes Suicide [ Homicide [ Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER slease execute the table should be forward. FUNERAL DII ASSISTANT MEDICAL EXAMINER DATE SIGNED Jan, 28th. 1966 DEPUTY MEDICAL EXAMINER X Benedact Tumb exchand city In or county) Skitarelic 220. BURIAL, CREMATION, 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 240 p 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME George Eichhorn Lonaconing. MD. DATE I LU

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND กิบิธีรูป CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND ALLEGANY GANY MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND CUMBERLAND DAYS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL NOV WAVERL YES NAME OF First DATE Month Year Middle Last 4. DECEASED (Type or print) CLARA 28 965 ELLIOTI DEATH JANUARY 5. SEX 6. COLOR OR RACE 17. MARRIED ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH NEVER MARRIED FEMALE 8 WHITE 881 - 0WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done i 12, CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or fereign country) during most of working life, even if retired) INDUSTRY VN HOME COUNTRY? S. ILLINOIS 13. FATHER'S NAME MOTHER'S MAIDEN NAME EDWARD GRIFFIN JANE MARIN RANKIN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give war or dates of service) NONE CUMB. MEMORIAL HOSPITAL. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY 119. PERFORMED? NO 7 20a. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIPE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not White p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from Prom the causes and on the date stated above. saw the deceased alive or and that death occurred at 22a. SICNATURE 22b. DATE SICNED ATTENDING STAFF DIRECTOR PHYS. TO FUNERAL director, pa should be fil PHYSICIAN'S 22c. 22d, ADDRESS NAME (Type) CENTRE 23a. BURIAL, CREMATION, 23b. DATE THEREO! NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) JAN. 31.1966 MEMORIAL PARK CUMBERLAND 24. FUNERAL DIRECTOR ADDRESS REC'D BY RECISTRAR I 25b. REGISTRAR'S SICNATURE BYRON KIGHT CUMBERLAND, MD. 1966

MARYLAND STATE DEPARTMENT OF HEALTH



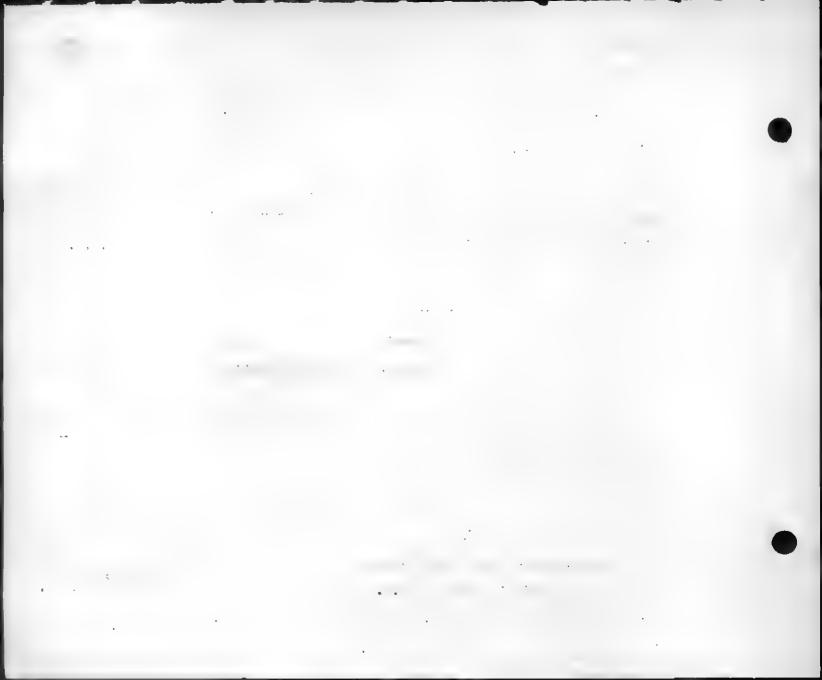
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institution, Residence before edmission) a. COUNTY b. COUNTY the frind 2 eath. Hileoany Allegany WARYLAND Maruland b. CITY OR TOWNDIS outside corporate limits, E. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporata I m ts, write RURAL and give nearest town, write RURAL and give necrest town) Appx. Toyes Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address a. IS RESIDENCE d STREET ADDRESS ON A FARM? 604 Mentermery YES NO 604 mont mpletely 3. NAME OF DATE DECEASED OF DEATH (Type or print) 19 6 6 Elizabeth Enlow 10 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE T MARRIED NEVER MARRIED B. DATE OF BIRTH lest birthday) Months Days D. VORCED temale 13 n. 10 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE [County & State, or foreign country! done during most of working l.fe, even if retired) Selbusport, Maryland Housewife 13. FATHER'S NAME Lowdermilk 040 Savah 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC AL SECURITY NO. 17. INFORMANT (Yes, no. or unkown) 1 (Ifves give werer deles of service) Camberland. Mrs. Erma Moure 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] ģ. ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE IN **DUE TO** Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 6 PERFORMED NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury 'n Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f, (City or lown) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour m.m. et work at work p.m. DIRECTOR: 21. I certify that (I) (this hoppital) attended the deceased from.... - 1964 to Jan 10 ... 19 6 that (1) (we) last saw the deceased alive on.... 22b. DATE 22e, SIGNATURE MED. STAFF S. GNED ATTENDING: PHYS. DIRECTOR PHYS. O HOSPITAL death. Page 4 IO FUNERAL 1 director, page 3 bs filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, lown or sounly) 236. BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Cumberland Cem. 25s. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Cumberland 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



ODUZZ MEDICAL EVAMINEDIS OF STATE DEPARTMENT OF HEALTH

MEDICAL EVAMINEDIS OF STATES OF STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY ALLEGANY MARYLAND Department after death. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b funer WESTERNPORT CUMBERLAND e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS DN A FARM? any delay i. 2, and 3 to t PM3. Page MAIN STREET SACRED HEART HOSPITAL NO. Year Day 3. NAME OF First Middle Last 4. DATE Month DECEASED 1966 31 FAZENBAKER DEATH JANUARY (Type or print) DHAIRY AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS after death. If a S. Give Pages I, ong with form 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Hours 2 × 319-98 WIDOWED DIVORCED and a 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 106, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY U.S.A. Coal Mine MARYLAND Finer he executed within 24 hours after the certificate, writin 24 hours after the certificate, writing the word "pending" in pencil in Item 18. Git should be forwarded to the Chief Medical Examiner's Office Blong rifles. pages 1 13. FATHER'S NAME MOTHER'S MAIDEN NAME Tar of Per Tilar Eli thati. K File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SDCIAL SECURITY NO. (Yes, no, or unknwn) (If yes give war or dates of service) permit. | removal, PT'S CHART INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY burial-transit cremation, or Weeks IMMEDIATE CAUSE (a) DUE TO Gronic Glomerulonephritis years Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the used as a to burial, 60 underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTDPSY CERTIFICATION PERFORMED? YES JU NO [ DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) o g 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 3 should 1 agent, pri WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) · Hour a.m. Not While at work at work CTOR: Page designated Inspection X. Inquiry X, 21. I certify that I took charge of the remains described above, held an Autopsy X. and in my opinion DIRECTOR: Undetermined manner Accident Suicide Homleide death resulted from: Natural causes it. execute th r. Page 4 s d for your CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER K January 31. 5 FUNERAL I **EXAMINER'S** Address (Street, city, town, or county) Cumberland, Md. please ex director. retained 1 M.D. SKITARELIC. 23d. LOCATION (City, town or county) NAME OF CEMETERY DR CREMATORY (State) BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 23b. 23c. ot ot REC'D BY REGISTRAR 1 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIBECTOR st. in ort, (5) VR ALSME 1/65

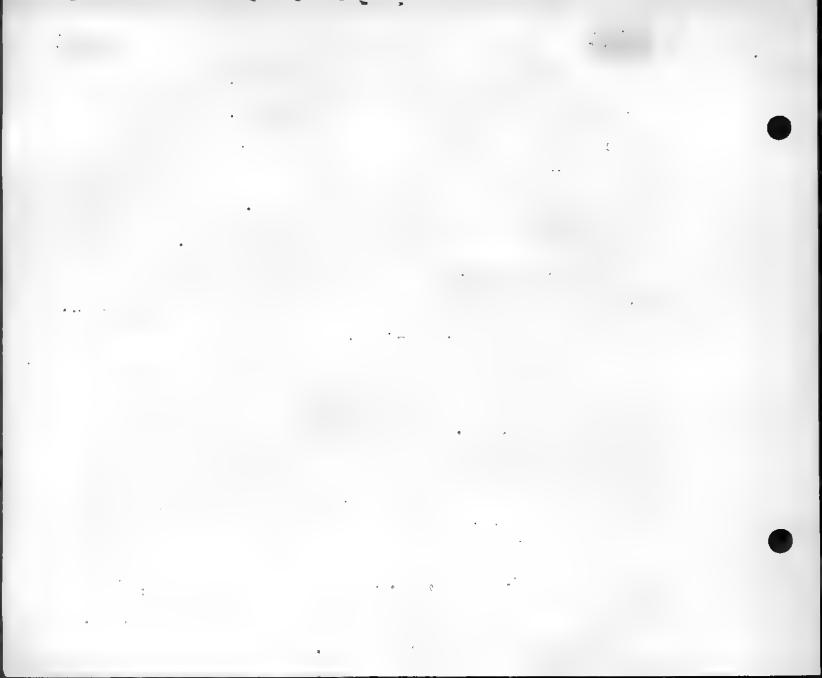


1			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1. MARYLAND
_ (_	&L	in	CERTIFICATE OF DEATH	00023
24 hours after death.	and 2	1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, if instit a. COUNTY b. COUNTY b. COUNTY	4
ter he f	ges 1 after		ALLEGANY MARYLAND MARYLAND	ALLEGANY
s al by t	Page urs a		write RURAL and give nearest town)	Holling and Sire heart town
hour			CUMBERLAND  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE
	ove carbon papers. y event, within 72 ho		MEMORIAL HOSPITAL	ON A FARM? YES NO
executed within	With	3.	NAME OF First Middle Last 4. DATE Month	Day Year
1 wi	ent,		(Type Or print) ERNEST S. FAZENBAKER DEATH JANUA	ARY 6 1966 FUNDER 1 YEAR JE UNDER 24 HRS
inter in	any ev	5.	last birthday) M	Ionths Days Hours Min.
execu	n any	10a	MALE   WHITE   WIDOWED   DIVORCED   1 - 1 4 - 1 888   77 yrs.   WIDOWED   DIVORCED   1 - 1 4 - 1 888   77 yrs.   WIDOWED   DIVORCED   1 1 - 1 4 - 1 888   77 yrs.   WIDOWED   DIVORCED   1 1 - 1 4 - 1 888   77 yrs.   WIDOWED   DIVORCED   1 1 - 1 4 - 1 888   77 yrs.   WIDOWED	12. CITIZEN OF WHAT
be light	2 P	duri	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)  10b. KIND OF BUSINESS OR III. BIRTHPLACE (County & State, or foreign country)  INDUSTRY  GARRETT COUNTY	COUNTRY?
ate ate		13.	FATHER'S NAME 14. MOTHER'S MAIOEN NAME	U. S. H.
tific	nov.		OLIVER FAZENBAKER FLORENCE WARNICK	
h cert	L ie l	15.	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
ath ath	permit.	(YE	s, no, or unknown) (If yes give war or dates of service) MEMORIAL HOSPITAL, CUN	MBERLAND , MD.
e de	t per latio	Ī	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1	INTERVAL BETWEEN ONSET AND DEATH
t th	transit , crema		PART I. DEATH WAS CAUSED BY: Cretral Euroles	the truth
res that physician	0.00	Н	4201 DUE TO MARCH (FISCA)	austria -
ulre g ph	pari		Conditions, If any, which (b) Migael Turburdes	14./4
requir			cause (a), stating the DUE TO Certeriorelistic + (Miniciate Ht 1)	Ww man
law atten		NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	ART1(a) 19. WAS AUTOPSY PERFORMED?
The	r use ealth	ICAT	person bustral suboles - (day pros - te.	eeve YES NO
ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.	hed for use t. of Health	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Item 18.)
PHYSI the his	2 2 2		20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY.(Home, farm, 20f. (City or town)	(County) (State)
d by the	a te d	MEDICAL	Hour a.m. While Not While at work at work	10
ed the	5		21.   certify that (I) (this hospital) attended the deceased from the 5 , 1900, to the control of the control o	, 19 <i>00</i> , that (1) (ye) las
ATTENDI retained	3 should with the		saw the deceased alive on 1916, and that death occurred at 5 5 M, from the causes a	nd on the date stated above
TO HOSPITAL OR ATTEND Page 4 may be retained	e P		228. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR DIRECTOR PHYS.	22b. DATE SIGNED
ITAL (	page filed		22c. PHYSICIAN'S   DIRECTOR   PHYS.   1	
A m	d be		NAME (Type) DR. S. G. WEISMAN 59 GREENE ST.	
TO HOSPITAL Page 4 may	director, p sllouid be i	23a		vn or county) (State)
2 5	D W		REMOVAL (Specify) 1/2/16 Finites Vistament	NICTOADIS CIONATURE
	Q	24	Westernment 144 1AM 17 then	GISTRAR'S SIGNATURE
VR AL	5 (4)		pate N L 10001	March of the state



	MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN CERTIFICATE OF DEATH
92000	CERTIFICATE OF DEATH 00024
TACE OF DEATH	

12		0000
Æ	1. PLACE OF DEATH	1 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	a. COUNTY AT T GOTTE	a. STATE b. COUNTY
	Allegany	a. STATE Allegany
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Cumberland	Longoning
ľ	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   0. IS RESIDENCE
	,	ON A FARM?
31.	Sacred Heart Hospital	Beechwood Street YES NOT
	3. NAME OF First Middle	Last 4. DATE Month Day Year
-	(Type or print) PRISCILLA	FRYE DEATH 7/6/1966 19
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	last birthgay) Stantha L Days House ) Mis
-1	Female White WIDOWED X DIVORCED	July 24th. 1892 73. Months Days Hours Min.
- [	The Hellal Occupation (Give Vind of Work done) Tob VIND BE OURINITED OF	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
- 1	during most of working life, even if retired)   INDUSTRY	COUNTRY?
Ш	Housewife	Midland, MD, USA
-1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
н	Iouia Vrinnenhaum	O
- 1	Louis Knippenberg  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   15. SOCIAL SECURITY NO.   17.	Susanne Retalick  NFORMANT Address
-1	(Yes, no, or unknown) (If yes give war or dates of service)	MITOR MAINT
П	No None H	Harvey Frye Lonaconing MD.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	
- 1	DART & BEATH WAS CARRED BY.	(SUN) ONSET AND DEATH
-1	IMMEDIATE CAUSE (a) Cerebro-vascu	lar accident Luay
-1	4221 DUE TO	
П		cardio-vascular disease 5 years
-1	gave rise to immediate r	Carcio-vascular olsease / / vals
-1	cause (a), stating the DUE TO	
-1	underlying cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
-1	Fracture, left femur. Diabetes r 202. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCU BY (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
-	Fracture, left femur. Diabetes r	nellitus YES NO 📆
- 1	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.)
- 1	G (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While at work at work	ry, street, office bldg., etc.)
	p.m. 19 at work at work	
-1	21. I certify that (!) (this hospital) attended the deceased from	3 - 27 . 19 64, to 1 - 6, 19 6 6that (1) (we) last
-1		t death occurred at 83 M, from the causes and on the date stated above.
-1		
-1	22a. SIGNATURE	22b. DATE SIGNED
- 1	4 69/2 to Orea M.	D. ATTENDING CK MED. STAFF PHYS. C 1-7-66
- 1	22c. PHYSICIAN'S	22d. ADDRESS
-1	NAME (Type) Ralph W. Ballin. 18d. 62	
		reene St. Cumberland, 11d 21502
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
		ark Frostburg MD.
7	24. FUNERAL DIRECTOR ADDRESS	ark Frostburg MD
)	ADADAD PERMITAN	1111 10 1122 1 1 1 1 1 1
	GEORGE_EICHHORN Lonaconing,	MD. I altaN I (1 1536) 1 wares friends



## FOR STATE HEALTH DEPT.

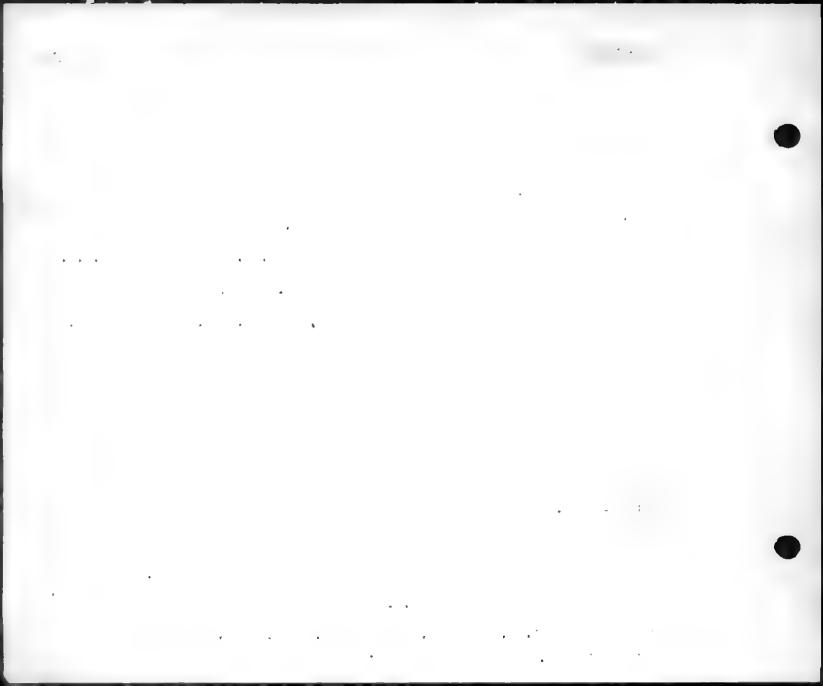
necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiners Office along with form PM3 Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Health or its designated agent, prior to burial, cremation, ar remaval, and in any event within 72 hours after death. delay is TO DEPUTY MEEKAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If a

	MAK	ATAMA 2141F	DEPARTMENT OF HEALTH	
Division of STATISTICAL	RESEARCH	AND RECORDS,	301 W. PRESTON STREET, BALTIMORE,	MARYLAND 2120

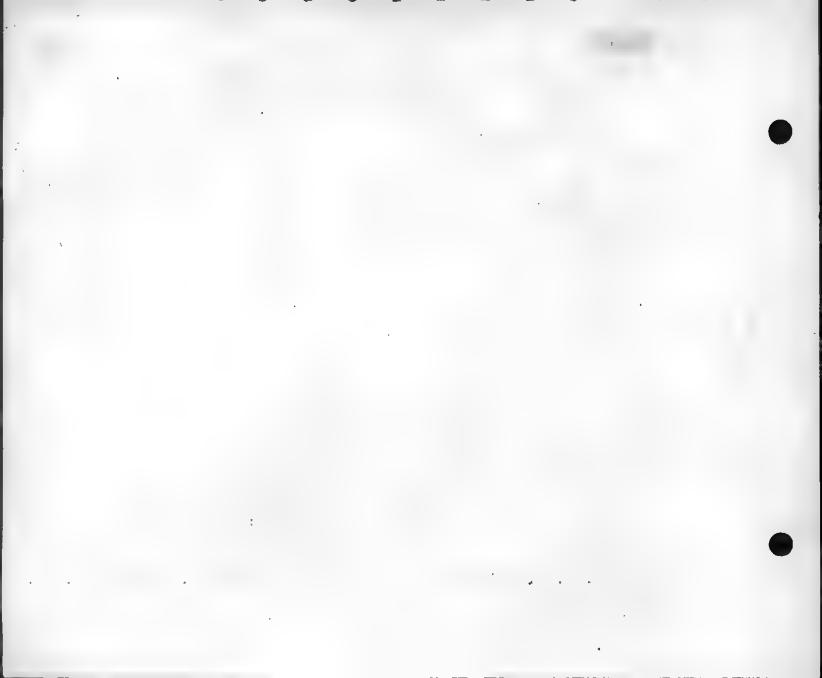
00025 MEDICAL EXAMINER	'S CERTIFICATE OF DEATH	00025
1. PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution. R	Residence before admission)
Allegany MARYLAND	o STATE b COUNTY Maryland Alle	CT A 10 PM
b CITY OR TOWN (If autside corparate mits C LENGTH OF STAY N 1b	. Maryland Alle	nd dive pegrest town)
write RURAL and give nearest town) Cumberland		
d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS	e S RESIDENCE
		ON A FARM?
Memmorial Hosiptal	Cumberland	YES NO V
3 NAME OF First Middle DECEASED First	Lost 4 DATE Month OF	Doy Year
(Type or print) Emma Olivia Geory  S SEX 6 CO. OR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE IN years FI	30 19 66
THE THE MARKED	B. DATE OF BIRTH 9 AGE (In years FL	UNDER 1 YEAR   FUNDER 24 HRS
Female White WIDOWED TO DIVORCED	April 3, 1872 93 YIS	
100 JSUAL OCCUPATION (Give kind of work done during most of working life even first red) 10b KIND OF BUSINESS OR NDUSTRY	B.RTHPLACE (State or fareign caunity)	12 CITIZEN OF WHAT COUNTRY?
Housewife	Keyser W. Va.	II S. A
13 FATHER'S NAME	14 MOTHER'S MA DEN NAME	0403774
Andrew Robey	Anna F Potone	
Andrew Robey  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) ((If yes give war or dates of service)	7 INFORMANT Poters Address	
NO	Mrs. Katie G. Uhl. Cumber	1 . 1 . 1/2
18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c))	Mrs. Katie G. Uhl. Cumber	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) MYOCARDIAL	FAILURE	ONSET AND DEATH
OUE TO		
Conditions, flony, which gove ) (b) CHRONIC MYO	CARITTE	
rise to immediate couse (o), ( Dur. To	Oğum I I I	
storing the underlying cause (c) ARTERIOSCUE	DOWN GARRION AND PROPERTY	
PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	ROTTO CARDIOVASCULAR DISEASE	19 WAS AUTOPSY
O CONTROL OF STATE OF		PERFORMED?
CCNTUSION OF right shoulder will 2000 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  2000 TIME OF NURY Month, Doy, Year CAUSE OF DEATH.  2000 TIME OF NURY Month, Doy, Year CAUSE OF DEATH.  2000 TIME OF NURY Month, Doy, Year CAUSE OF DEATH.  2000 TIME OF NURY Month, Doy, Year CAUSE OF DEATH.  2000 TIME OF NURY MONTH, DOY, Year CAUSE OF DEATH.	th thrombosis (ED (Enter nature of in ary in Part or Part Lof Item 18)	YES NO 🔼
PRIMARY OF CONTRIBUTING	,	
CAUSE OF DEATH.  Fell at home		(5)
20c TIME OF NJURY Month, Doy, Yeor 20d NJURY OCCURRED 20e	P.ACE OF INJURY (Home, form, foctory, street, office bldg., etc.)  Home  20f (City or town)  Gumberland Al	(County) (Stote)
10:00 3m Jan 5 ''66 etwork of work Lai		leg. Maryland
21 <b>I certify</b> that I taak charge of the remains described above,	, held an Autopsy 🔲, - Inspect an 🔀, - Inquiry ]	and in my apinion
death resulted from: Natural causes 🔲 " Accident 🛣 ,	Suicide 🔲, Hamicide 🔲, Undetermined manne	er 🔲
ACTUAL B 1 + Shift	CHIEF MEDICAL EXAMINER	
SIGNATURE X Semedict Skitarile	M.D ASSISTANT MEDICAL EXAMINER	0, 1966
EXAMINER'S	DEPUTY MEDICAL EXAMINER	P .
NAME (Type) BENEDICT SKTT ARELTO M.D.  230 BURIAL, CREMATON, 236 DATE THEREOF 236 NAME OF CEMETERY	Address (Street, city, town, or county) Cumbe.	risna, Ma.
230 BURIAL (REMATON, 23b DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
Bull My King Con Feb 5 1966 Mt Savage	Moth Comt Mt Same	-11
24 FUNERAL DIRECTOR ADDRESS	Meth. Centraco By Weinras avens Right	AR + STONATURE
Louis Stein Inc. Cumberland Maryland,	DATE B 4 1966 2774	when Judge

VR A15ME (5) 6M 1/66



म जिल्हा	_		00026	OF STA	TISTICAL		RCH AND REC	ORDS	PARTMENT OF , 301 W. PRESTO E OF DEATE	N STREET		1, MARYL	AND (,
er death		1.	PLACE OF DEATH	GANY	COUNTY	,	MARY	AND	2. USUAL RESIDEN		sed lived, If institut b. COUNTY	lon: Residence	
hours after d in by the rs. Pages			b. CITY OR TOWN WE'TE RURAL CUMB	ERLAN	est town)		c. LENCTH OF STAY		II.	BERLAND		_/	
24 fille pape in 72	r" A				HOSPIT		spital, give street a	ddress)	d. STREET ADDRESS	UNION	ST.		ON A FARM?
completely ve carbon pevent, within			NAME OF DECEASED (Type or print)		MYRTL E		Middle VIOL		GEORGE	4. DATE OF DEATH	JAN	23	20
and com		F	EMALE	WHIT	E w	OOWED [			5-25-189	萨	rthday) Mon	nths Days	Hours Min.
e pe		dur	Ing most of working Housekee	ng life, even per .	of work done if retired)	IN	no of business or bustry Home		Rockoak  14. MOTHER'S MAI	-		12. CITIZEN C COUNTRY?	A.
certificat Iding phy Then p			DAVI	D RIG	GLEMAN	•				EVER			
는 충분을		15 (Ye	WAS DECEASED E s, no, or unkown)   NO	VER IN U.S. AI (If yes give war	RM EO FORCES or dates of servi	? 16. S	OCIAL SECURITY NO		ther R. Geo	rge		220 Uni Cumberl	on Street and. Md
the n. by th nsit				ATH WAS CAL	_	(D) (O)	ceal facter					ONSE	TANO DEATH
nding physici been signed the burial-t or to burial,			Conditions, If a gave rise to cause (a), strunderlying cause	ny, which \ Immediate { ating the {	DUE TO	_	tenseles of re nat this	LE R	Jeokusive	PYEZUI	continal of the VEPHIRITIS	/	
t: The law all or atter for the as Health pri	1	CERTIFICATION	PART H, OTHER S	Dabel	20_		Congestra	r ho	TEB TO THE TERMINAL	-0		YES	WAS AUTOPSY PERFORMED?
spit spit sert ed			20a. ACCIOENT I OR CONTRIBUTIA (IF EITHER, NOT	IC □ CAUSE IFY MEOICAL	OF OFATH EXAMINER)				RRED. (Enter nature o				
d by the ho After this of the detach		MEDICAL	20c. TIME OF II Hour a.m	•	h, Day, Year 19	20d, 1N While at work	JURY OCCURRED 2 Not While at work	facto	CE OF INJURY (Home, f ry, street, office bldg.,	etc.)	lty or town)	(County)	(State)
OR ATTENDI / be retained DIRECTOR: A gge 3 shou'd led with the			2I. I certify saw the dec 22a. SIGNATUR	CHARG DILLE	is hospital) on	attende	d the deceased fr	om nd that	death occurred a	30 <sub>M</sub> , RM	the causes and	19 <u>66</u> , tha on the date	
# 6 _ 6 =	,		22c. PHYSICIAL	l.l.	reis	u	- K-	М.С	ATTENDING PHYS.	MED. OIRECTOR	STAFF PHYS.	/ /	66
Page 4 may TO FUNERAL director, pg		230	NAM DR	S. (		SMAN	23c. NAME OF CE	METER	59 GR		T. CUMBE		MD.
Pa TO F diric	2		REMOVAL (Spe Burial FUNERAL DIREC	clfy)	26/66	VF			emorial Gar		aVale	Maryl	and
VR A15 (4)	K				Cumb	erlan	nd Maryland	1 21	502 OATEA	N 2 8 19	66 JEL	may O.	edge

VR 20 N



Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial cremation, or removal, and in any event, within 72 hours after death. 50

■ MOSPITAL ■■ ITTEMBING PHYMICIAM The lam requires that the duath certificate be exemited within 24 hours after deuth. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF TEACH.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

- UCRES - VERTITION	E OI PERIII	JUUN
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	
ALLEGANY	a. STATEMARYLAND BALLEGAN	Υ
b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL a	
CUMBERI AND I DAY	CUMBERLAND,	61-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  MEMORIAL HOSPITAL	d. STREET ADORESS 209 FIFTH ST.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF FIRST MIDDLE	Last 4. DATE Month	Oay Year
(Type or print) ATHOL N. G	IBSON DEATH JAN. 2	4 1966
A MARGIEO MERCIEO	8. OATE OF BIRTH 9. AGE (In years If UNOER 1 last birthday) Months   (	YEAR IF UNDER 24 HRS
MALE WHITE WIOOWED OIVORCEO	001. 21, 1895 /0 yrs.	
10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) Retired Engineer Railroad	CUMBERL AND, Md.	TIZEN OF WHAT
AMBROSE H. BIBSON	14. MOTHER'S MAIDEN NAME LILLIE GENTRY	
15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)  yes   Var I   705-07-2881	MEMORIAL HOSPITAL	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1/	INTERVAL BETWEEN ONSET AND CEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Correstore	level failure	OHDET AND OLAHI
4201 OUE TO 0		
Conditions, If any, which (b) Coronary + M	yourked transferring	
gave rise to Immediate cause (a), stating the oue To (c)		
PART II. OTHER SICHIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT REL	ATEO TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
5 Drahetes Mellitus		YES NO
OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URREO. (Enter nature of Injury In Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLA	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.) 20f. (City or town) (Cour	nty) (State)
21. I certify that (I) (this hospital)/attended the deceased from	1,22/66 4910. P.M. /LY, 196	C. that (I) (we) last
	death occurred atM, from the causes and on the	
22a. SICNATURE	22b. OA	TE SICNEO -
seo Ate M.		128/66
22c. PHYSICHAN'S NAME (Type) DR. LEO H. LEY	22d. AOORESS 456 N. CENTRE ST. CUN	MB. MD.
23a. BURIAL, CREMATION, 23b. OATE THEREOF   23c. NAME OF CEMETER		
Bur Ta (specify) Jan. 27, 1966 Sunset Memo	rial Park Cumberland, Md.	
James F. Scarpelli, Cumberland, Md.	25d. REC'O BY REGISTRAR 25b. REGISTRAR'S	SICNATURE
I married a few months in a second a contract of special field in	THE PART OF THE PA	V - V 3 -

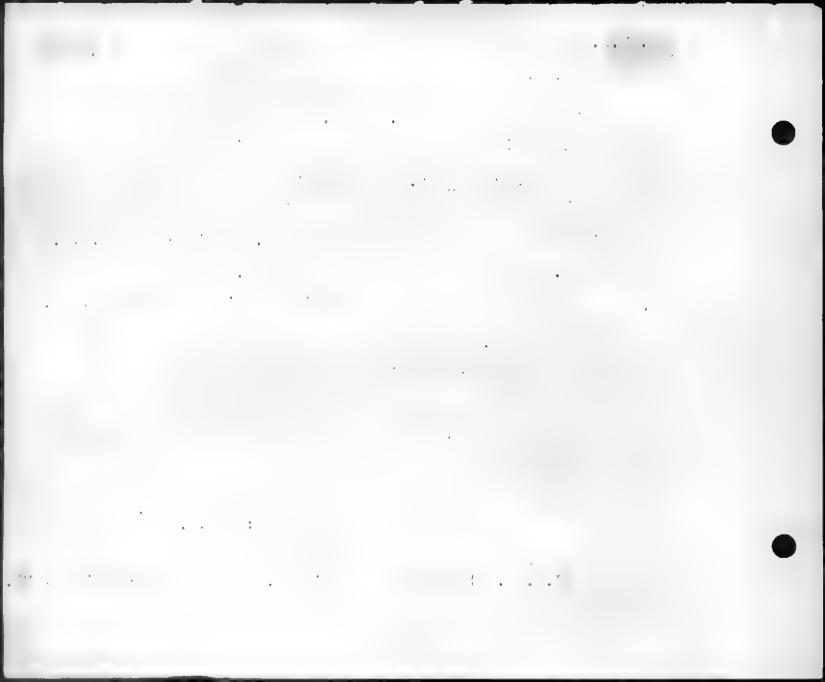
VR AI5 (4) 20M 1/65

TOSPITAL



funeral and 2 ve carbon papers. Pages 1 event, within 72 hours after hours .⊑ filled within etely and comple remove carb executed 吳 sician a andth d by the attending physicansit permit. Then plecemation, or removal, a certificate death or attending physician. gned burial-ti burial-ti burial, i the bu as th has for use Health r this certificate h detached for use te Dept, of Health be retained by the hospital be de State After I DIRECTOR: Jage 3 should lifed with the Page 4 may FUNERAL I E I director, p 9

> VR ALS (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

호 건 년 filled completely C. D. C. R: After thi detached i OI eth. Page 4 HOSPITA ន្ទុំដូ



FOR STATE HEALTH DEPT.

cessary, funeral 5 may be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages (Fine 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any west, within 72 hours after death. IO DEPUTY ME. EXAMINER: This certificate should be executed within 24 hours after death. If any dela please execut. An ecrificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files.

VR ALSME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		nana	V	M	FRICA	L EXAMINER'S	S CE	RTIFIC	CATE	OF	DEAT	Н		0.0	031	1
	1.	PLACE OF DEAT a. COUNTY	Н				2.	USUAL RE	SIDENCE	(Where				Residence	before a	dmission)
		a. COUNTY	Alleg	anv		Many all		a. STATE	Ma	ryla		b. CDUI		lle	רים אין	
	-	b. CITY OR TOW Write RURAL	/N (If outside	corporat	te Ilmits.	MARYLAND		CITY OR TO		0		nits. w				st town)
H		write RURAL Cumb	and give nea erland	rest tow	n)	49 years					erland					
		d. NAME OF HO	SPITAL OR IN	STITUTIO	N (if not In	hospital, give street addre	ss) d	STREET ADI			- LCXIII			- 1	. IS RE	SIDÊNCE FARM?
		422 W	Jarwick	Ave	nue		]]		4,	22 V	Varwio	ck A	renu	e	ES	NO DO
	3.	NAME OF DECEASED		Fi	rst	Middle		Last		A. DAT		Mont	-	Day	Ye	ar
		(Type or print)			arry	Francis		Goss		DEA			Jan.	5		66
		SEX	6. COLOR O	RRACE	7. MARRIE	D X NEVER MARRIED	8.	DATE OF BIR	TH		9. AGE (In	years	Months	1 YEAR		
	I	lale	Whit	e	WIDOWE	D DIVORCED	00	ct. 16	, 19	16	49	yrs.	MORTINS	Days	Hours	MUH.
	10a dur	. USUAL OCCUPATING most of work	TION (Give kind	of work	done 10b.	KIND OF BUSINESS OR	1	1. BIRTHPL	ACE (Stat	e or for	reign count	ry)		ITIZEN		Ī
			actor		S	industry elf Employed		Cumb	erla	nd,	Md.			USA		
	13.	FATHER'S NAM	1E				14	. MOTHER'S	S MAIDEN	NAME						
			red Go					Ann	a R.	Mc	Donal	Ld				
	15.	. WAS DECEASED s, no, or unkown)	EVER IN U.S. A	RMED FO	RCES? 1	6. SOCIAL SECURITY NO.   1	7. INF	ORMANT				Addre	\$\$			··········
	, 10	yes	War		service)		Mrs.	Mary	Hal	1 Go	ss. C	umb	erla	nd.	Md.	
		18. CAUSE OF	DEATH [Enter	only on	e ceuse pe	r line for (a), (b), end (c).]								INTE	RVAL BE	TWEEN
			EATH WAS CAL	USED BY	1	CARCINOMA	. 0	ENERA	LIZE	0				20NS	on t	DEATH 18
		151X	INDEDIALE	DUE							-					
	- 1	Conditions, if	any, which \		(b)	CARCINOMA	OF S	TOMAC	H					Mo	nth	5
		gave rise to		DUE	,											
		ceuse (e), s underlying caus			(c)											
	S	PART II. OTHER:	SIGNIFICANTO	CONDITIO		BUTING TO DEATH BUT NOT R	ELATED	TO THE TERM	AINAL DIS	EASECO	NDITION G	VEN IN	PART 1(e)	19,	WAS A	JTOPSY
2	:ATI													YE	S A	ND []
	E	20a. EXTERNA	L CAUSE WAS		20b.	DESCRIBE HOW INJURY O	CCURRE	D. (Enter nu	ture of In	Jury In	Part I or P	art II c	of Item 18		ليا ٠	
	CERTIFICATION	20a. EXTERNA PRIMARY ☐ or CAUSE OF DEAT	CONTRIBUTII Ph.	ic 🗆												
		20c. TIME OF	INJURY Mont	in, Day,	Year   20d	INJURY OCCURRED   20e.	PLACE (	OF INJURY (H	ome, farm		(City or t	own)	(Co	unty)		State)
	MEDICAL	Hour e.r		19	Whi at we	IO MOT MUIIO	ictory, s	treet, office b	oldg., etc.)	)						
	N					emains described above,	held a	n Autonsy	X . I	nspect	ion [X],	Inqu	iry X	and	in my	opinion
		death result	_		causes X		Suicide		lomicide	Π.			manner			ор
			1	-	. 7	70 .			EDICAL E	XAMINE						
		ACTUAL SIGNATURE	Jeno.	die	1-5	Ke Tarelia)	м	D ASSISTAL	NT MEDIC	AL EXA	MINER [				DATE	SIGNED
Α.								1 10 1	MEDICAL	EXAMI	NER 🏝		-	-196		
		EXAMINER'S NAME (Type)		ened	ict S	kitarelic, N.	D.	Address	(Street, c	ity, tov	vn, or coun	ty) R	t.9,	Cumb	erl	and
3	23a	BURIAL, CREN			HEREOF	23c. NAME OF CEMET					LOCATION			unty)	(S	tate)
17		REMOVAL (Sp.		n.ö,	1966	Restlawn M	emoi		ark		mberl					
CH	24.	FUNERAL DIRE			221	ADDRESS		25		BY REG			EGISTRAR			
2		James	r. SC	arpe	TLI,	Cumberland,	Md.	DA	at AN	11	<u> 1966 </u>	to he	lionel	Ed Ja	edal	-



MEDICAL CERTIFICATION

23

George Eichhorn

TO MODIFIED OR ATTEMBLING PRESIDENCY. The law remaines that the death contincate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TD INVERAL DIRECTOR: Efter this certificate has been lighed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit mentit. Then please region carbon papers. Pages 1 and 2 should be filled with the State Dent. If Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	DIVISIO	N OF STATISTIC		RYLAND STATE DE SEARCH AND RECORDS		F HEALTH IN STREET, BALTIMORE 1,	MARYLAND
_	OTHS.	L		CERTIFICAT			00031
1.	PLACE OF DEATH	A			61	CE (Where deceased lived, if institution:	Residence before admission)
		llegany		MARYLAND	a. STATE Mar	ryland b. COUNTY A	Allegany
	b. CITY OR TOW	/N (if outside corporate and give nearest town	e limits,	c. LENGTH OF STAY IN 1b		outside corporate limits, write RURA	AL and give nearest town)
	Lona	aconing	•		Lor	naconing	*
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not in	hospital, give street address)	d. STREET ADDRESS	TO COLUMN TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T	a. IS RESIDENCE
		glas Avent			Dou	iglas Avenue	ON A FARM? YES NOTE
3.	NAME OF DECEASED	Fir	rst	Middle	Last	4. DATE Month	Day Year
*	(Type or print)	Mary		С.	Green	DEATH January	16 19 66
	SEX	6. COLOR OR RACE	7. MARRIE	ED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years   IFUNDE	ER 1 YEAR IF UNDER 24 HRS.
	emale	White	WIDOWE	ED DIVORCED	May 12,190	)9   _56 yrs.	
dur.	. USUAL OCCUPAT	FION (Give kind of work d ling life, even if retired	one 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	ounty & State, or foreign country)   12.	CITIZEN OF WHAT COUNTRY?
	House	Work		Own Home	Westernpo	rt, Maryland	U.S.A.
13.	. FATHER'S NAM	Ē			14. MOTHER'S MAID	DEN NAME	
			mann_		Annie	Keady	
15. (Ye	. WAS DECEASED F	EVER IN U.S. ARMED FOR (If yes give war or dates of	ACES?   16 f service)	6. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
_				J	ohn Green	Lonaconin	ng. Md.
Ĭ			( )	r line for (a), (b), and (c).]	"Husband"		INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) (1)	cute Coro	mary 1	Cachusian	ninutes
	£	PUE 1	то	6014	1 0+		
	Conditions, If		(b) \\	(C V 1) E	hyperly	ensin	3 400 W
	gave rise to cause (a), st		то		:21		4
_	underlying caus	se last.	(c)				
TIO	PART II. OTHER S	IGNIFICANT CONDITIO	NS CONTRI	BUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED?
FICA							YES NO 🔀
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEAT TIFY MEDICAL EXAMIN	TH NER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	f Injury in Part I or Part II of Item 1	8.)
MEDICAL		INJURY Month, Day, Y		facto	ACE OF INJURY (Home, fa	arm, 20f. (City or town) (Ci	ounty) (State)
MED	Hour a.m p.n		While at wo	IN THE WHITE THE	oral attenti outromasi e	(6.)	
	21. I certif	v that (I) (this hosp	ital) atter	nded the deceased from	. 19	960 to Don 16, 191	66, that (I) (we) last
	saw the dec	ceased alive on	ren-			M, from the causes and on	
	22a. SIGNATUR		X	1		22b.	DATE SIGNED
		440M	les	M.I.	D. PHYS.	MED. DIRECTOR PHYS.	17.66
	22c. PHYSICIA NAME (Ty		7115	-010	22d. ADDRESS		
		LIR!	1165	5 7 18 WI	1 ,30	- us coming	med =
23a.	. BURIAL, CREM. REMOVAL (Spe	eclfy)	THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town or c	202
	Burial FUNERAL DIRE	1/19	9/66	St. Peters	Cemetery REC	Westemport,	Md. R'S SIGNATURE

DAFA

Lonaconing, Md.

1966

with the



and 2 and 2 death death. after completely filled in by the f ve carbon papers. Pages' I event, within 72 hours after hours within se remove carbo executed ician eas certificate physi 2 he attending permit. Then 6 death cremation, that the à attending physician. burial-tra burial-tra burial, cr been sig the buri as th has for use Health TOR: After this certificate should be detached for use the State Dept, of Health hospital PHYSICIAN: retained DIRECTOR: Jage 3 should lied with the

MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DR. BRINSFIELD CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE ALLEGANY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (if outside corporate limits, write Supat and give nearest town) c. LENGTH OF STAY IN 1b 24 DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS MEMORIAL HOSPITAL PRINCE NAME DE Middle Last 4. DATE Month DECEASED JANUARY GRIFFIN DEATH (Type or print) DATE OF BIRTH 6. COLOR OR RACE NEVER MARRIED 9. last birthday) Days 12-5-1884 DIVORCED [ WIDOWED 12. CITIZEN OF WHAT

e. IS RESIDENCE ON A FARM? NO X 19 66 AGE (In years ) IF UNDER 1 YEAR | IF UNDER 24 HRS MALE 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even If retired) Port Jervis HOUSEWIFE

13. FATHER'S NAME 11.5 MOTHER'S MAIDEN NAME CATHERINE HENRY TEAL WAGNER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) MEMORIAL HOSPITAL-CUMBERLAND, INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: de IMMEDIATE CAUSE (a) DUE TO DCV Disease and Jamilty Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. ERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 💢 YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2 MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work at work il dans 196 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 6 from the causes and on the date stated above. 19 6 % saw the deceased alive on. and that death occurred a 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF auton PHYS. M.D. ADDRESS PHYSICIAN'S 22d. NAME (Type)DR . CARL TON DECATUR ST., CUMBERLAND, MD. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. BURIAL CREMATION | 23b. DATE THEREOF

St. Mary's Cemetery

25a.

ADDRESS

Cumberland, Md.

.1965

Scarpelli,

Cumberland, Md.

1966

REC'D BY REGISTRAR

25b. REGISTRARIS SIGNATURE

VR AI5 20 M 1/65

2

be

4 may

HOSPITAL

Page /

page

REMOVAL (Specify)

Burial

24. FUNERAL DIRECTOR

James F.

O FUNERAL I director, pag should be fil



FOR STATE-HEALTH DEPT

6

cessary, re funeral 5 may be TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. O DEPUTY MEC EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 retained for your files.

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VR ALSME (5)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		00033	ME	DICAL	EXAMINER	<b>'</b> S	GERTIFICATI	E OF	DEATH		_0.0	03	2
1	1.	PLACE OF DEATH					2. USUAL RESIDENCE	CE (Where			estdence	before ad	imission)
,		D. 990(111	ALLEGANY		MARYLA	ND	a. STATE MAR	YLANI	) B. CO	UNTYALLE	EGAIV	Y	
		b. CITY OR TOW	N (If outside corporate and give nearest town)	limits,	c. LENGTH OF STAY I		c. CITY OR TOWN (If	outside	corporate limits,	write RURAL	and give	neares	st town)
	C	UMBERLAN		<b>'</b>	30 YEAR	S	CUM	BERLA	ND ·	, ,			
i		d. NAME OF HOS	PITAL OR INSTITUTION	i (if not in ho	spital, give street add	ress)	d. STREET ADDRESS				θ.	IS RES	IDENCE
A			LHOSPITAL				510 I	DECAT	UR ST.		YI		ND XX
	3.	NAME OF DECEASED	Firs	t	Middle		Last	4. OA		nth	Day	Yea	ar
		(Type or print)	CHARLES	3	WADE		MILTON	DE	ATH JAN		25	19	66
	5.	SEX	6. COLOR OR RACE 7	7. MARRIED [	NEVER MARRIED		B. OATE OF BIRTH		9. AGE (In year last birthda)		1 YEAR I	FUNDER Hours	Min.
		MALE	WHITE	WIOOWED		XI AI	PRIL 8,1915		50 yrs.				
	10a duri	. USUAL OCCUPAT Ing most of work	ION (Give kind of work do ng life, even if retired)	one 10b. Ki	NO OF BUSINESS OR		11. BIRTHPLACE (S	tate or fe	oreign country)	12. CI	TIZEN O	F WHAT	
	R	ESTURANT	OPERATOR	FOOI			MARYI				USA.		
	13.	FATHER'S NAM	E				14. MOTHER'S MAID	EN NAME	Ē				
		CRAG	EON HAMILION	V			JULIA	A BOO	GGS				
	15. (Ye	. WAS DECEASED E	VER IN U.S. ARMED FORG	CES? 16.5	SOCIAL SECURITY NO.	17.	INFORMANT		Add	ress			
		YES	WW 2	220	10 1113	J	ULIA M. HAM	LTON	1 C.	UMBERL	AND,	MD.	
			DEATH [Enter only one	cause per III	ne for (a), (b), and (c).	]					INTER	VAL BET	TWEEN
		PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (8	SUBD	URAL HEMMON	RHA(	E					DAYS	
		7040	DUE TO	0									
,		Conditions, If		CONT	USIONS OF I	BRAI	N				5 I	DAYS	
		gave rise to ceuse (a), st		0									
i		underlying caus		c)									-2 - 2 -
i	NOL	PART II. OTHER S	IGNIFICANT CONDITION	IS CONTRIBU	TING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL D	DISEASEC	ONDITION GIVEN	IN PART 1(a)		WAS AU PERFOR	
-	CA1										YES	X	NO 🔲
	CERTIFICATION	20a. EXTERNAL PRIMARY PO OF	CAUSE WAS CONTRIBUTING []	20b, D	ESCRIBE HOW INJURY	OCCU	RRED. (Enter nature of	f Injury Ir	Part I or Pert I	of Item 18.	)		
1	3				FELL AT	HON	4E						
	ICAL	20c. TIME ÖF I	NJURY Month, Day, Ye		HURY OCCURRED 120	e. PLA	CE OF INJURY (Home, fary, street, office bldg., e	erm, 201	f. (City or town)	(Cou	nty)	(S	State)
1	MEDI	9:00 p.n	7 100 66	While at work	Not While at work	F	HOME	CU	MBERLAND	ALLEGA	INY I	MARY!	LAND
		21. I certify	that I took charge	of the rema	ains described abov	e, hel	d an Autopsy 💢 ,	Inspec	ction 🔼 , In	quiry 📆,	and	in my (	opinion
		death result	ed from: Natural o	auses 🔲,	Accident X.	Sui	cide 🔲, Homici	de 🔲,	Undetermin	ed manner`			
		1071141	11 1	1 /	0	-	CHIEF MEDICAL	L EXAMIN	IER				
		SIGNATURE	Jenial	CA	KITARLL	1					22.	DATE S	SIGNEU
,		EXAMINER'S	TOTAL CO.				DEPUTY MEDIC				JAN.	. 25	,1966
	020	NAME (Type)	BENEDICT SK		IC. M.D.	ETERÝ	Address James		LOCATION (City.	town or one	um deal	(0)	
)	23a	<ul> <li>BURIAL, CREM REMOVAL (Spe</li> </ul>	cify)					230.				191	216/
0	24.	BUR FAT.	JAN.28,1	.966	ADDRESS	AT. (	EMETERY   25a. RE	C'D BY RI	CUMBER LI EGISTRARA 25b.			TORE	-
)	-	BYRON	KIGHT	CU	IMBERLAND, I	MD.		61	EGISTRAP 65b.	11		0	
2	~ -						i DATE '			-			



	DIVISION OF	MARYLAND STATE DEPARTMENT OF HEALTH  STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA	AND
	00034	CERTIFICATE OF DEATH	
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence by	efore ac

					OFICE	INALI	- 01 0			_				1110	4
	1.	PLACE OF DEAT	ALLEGANY		M	ARYLAND	2. USUAL a. STAT	RESIDENC EMARY		deceased lin		titution: F			imission
	- (	b. CITY DR TOW	N (if outside corpora	ite limits, vn)	c. LENGTH OF S		c. CITY OR	TOWN (If		orporate I	Imits, wr	ité RURAL	and glv	o neares	t town
9			SPITAL DR INSTITUTI		hospital, give stre	et address)	d. STREET		LEN H	WY				DN A F	
	3.	NAME OF DECEASED		irst IRGE	Middle Robert	HANSEL	Last		4. OATI		Month		Day	Yea	
	5.	(Type or print) SEX	6. CDLDR DR RACE		NEVER MAR		B. DATE OF E	BIRTH	DEAT	9. AGE (		IF UNDER			
	100	MALE	WHITE IDN (Give kind of worl	WIDDWED	7	RCED 🔲	5/27/7			92	yrs.	Months	Days	Hours DF WHAT	Min.
	dur	Ing most of work	ing life, even if retire t & Operat	ed)	INDUSTRY  E 0. RWY		11. BIRTH	tburg		*	gn country	) 12. C	DUNTRY	S. A	
		John H	IE .				14. MDTHE		EN NAME						
	15. (Ye	. WAS DECEASED	EVER IN U.S., ARMED F (If yes give war or dates	DRCES? 16 of service)	. SDCIAL SECURIT	Y ND.   17.	INFORMANT PAT 11		LIADE	Mrs.	Addres	garer	E.	Hans	el
	1		DEATH [Enter only or EATH WAS CAUSED B	t: ///	line for (a), (b), ar	1d (c).1	/ .	ENIS (	^/^	582	McMu 10.	llen	INTE	CUIT RVAL BE ET AND I	TWEEN
		Cenditions, If	IMMEDIATE CAUSE  DUE	95	Inna	1/0	t. 1	1	1	7	Zen Z	1000	20	1 m	g-e
		gave rise to immediate cause (a), stating the underlying cause last.  DUE TO underlying cause last.  CC)  PARTIL DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19.											J.		
74	CERTIFICATION	PART II. DTHER	SIGNIFICANT CONDITI		UTING TO PEATH B	UTNOTRELA	TED TOTHETE	RMINAL O	ISEASE CO	MDITION	GIVENIN	PART 1(a)	19. YE	WAS AU PERFOR S	
3		2Da. ACCIDENT DR CONTRIBUT (IF EITHER, ND	WAS UNDERLYING TING CAUSE OF DEATHER MEDICAL EXAM	TH INER)	DESCRIBE HOW I	NJURY DCCU	RRED. (Enter	nature of	injury in	Part I or	Part II o	f Item 18	.)		
	MEDICAL	20c. TIME DF Hour a.i		While		2De, PLAI factor	CE DF INJURY ry, street, office	(Home, fa ce bidg., et	rm, 20f.	(City or	town)	(Co	unty)	(\$	State)
			y that (I) (this hos	pital) attend	ded the decease	/ //	death occu	, 19		from the	talses	, 19_ <i>(</i>		at (I) (v e stated	
		22a. SIGNATU	ه سنندگرانندگران	francis .	dle	M.D	ATTENDIA	IG — A	AED.	STA	AFF		ATE SIG		
1		22c. PHYSICIA NAME (T	une)	CHINDLE	R		22d. AD	oress Freene	st.	Cumb	erla	nd, N	ld.		_
	23a	BURIAL, CREM BULLAL (Spi	MATION, 23b. DATE ecify) 1/6/6	-	23c. NAME D Hiller		OR CREMATE			umb er					ate)
	24	. FUNERAL DIRE	CTDR		ADDRESS		_	25a. REC							
5		H. Wayr	ie George	Cumber	land. Mar	yland		nata N	7 1	1966	427	Lucio	. (1.		

: :: John Tomas Control 1.16

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
00035 CERTIFICAT			
1. PLACE OF DEATH 2. COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)  a. STATEVA.  b. GOUNTAPSHIRE		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  CUMBERLAND  5 DAYS	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ROMNEY		
d. NAME OF HOSPITAL OR INSTITUTION (If not in bospital, give street address) MEMORIAL HOSPITAL	d. street address 259 HARSHAN ST.  8. IS RESIDENCE ON A FARM? YES \( \sum \) No \( \text{X} \)		
3. NAME OF DECEASED (Type or print) MRS. ANNIE M. HARDY	Last 4. DATE Month Oay Year DF JAN 15 19 66		
F WHITE WIDOWED O OVORCED	8. DATE OF BIRTH 6/25/86  9. AGE (in years   IF UNDER 1 YEAR   FUNDER 24 HRS   Months   Oays   Hours   Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Home-maker	W. VA.		
JAMES CHESHIRE	MARTHA MICHAEL		
(Yes, no, or unknown) (If yes give war or dates of service)	MORIAL HOSPITAL, CUMBERLAND, MD.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)	Therman Ulla west		
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS OF CONTRIBUTING TO DEATH BUT NOT RELIGIOUS OF CONTRIBUTING TO CAUSE OF DEATH CONTRIBUTING TO DEATH BUT NOT RELIGIOUS OF CONTRIBUTING TO CAUSE OF DEATH BUT NOT RELIGIOUS OF CONTRIBUTING TO CAUSE OF DEATH BUT NOT RELIGIOUS OF CONTRIBUTING TO CAUSE OF DEATH BUT NOT RELIGIOUS OF CONTRIBUTING TO CAUSE OF DEATH BUT NOT RELIGIOUS OF CONTRIBUTING TO CAUSE OF DEATH BUT NOT RELIGIOUS OF CONTRIBUTING TO CAUSE OF DEATH BUT NOT RELIGIOUS OF CONTRIBUTING TO CAUSE OF DEATH BUT NOT RELIGIOUS OF CONTRIBUTING TO CAUSE OF CONTRIBUTION TO CAUSE OF CAUSE OF CONTRIBUTION TO CAUSE OF CONTRIBUTION TO CAU	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO VES NO VES NO VES URRED. (Enter nature of Injury In Part   or Part   of Item 18.)		
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)		
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1900, and that 22a. SIGNATURE 22c. PHYSICIAN'S NAME (TYDER. W.F.WILLIAMS	ATTENDING MED. STAFF 22D. DATE SIGNED DIRECTOR PHYS. DIRECTOR PHYS. CUMBERDAD, MD.		
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1-18-66 Ebenezer Ce	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)  emetery Romney, W. Va.  1 25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE		

REC'D BY REGISTRAR

9

DATEAN

25b.

REGISTRAR'S SIGNATURE

ADDRESS



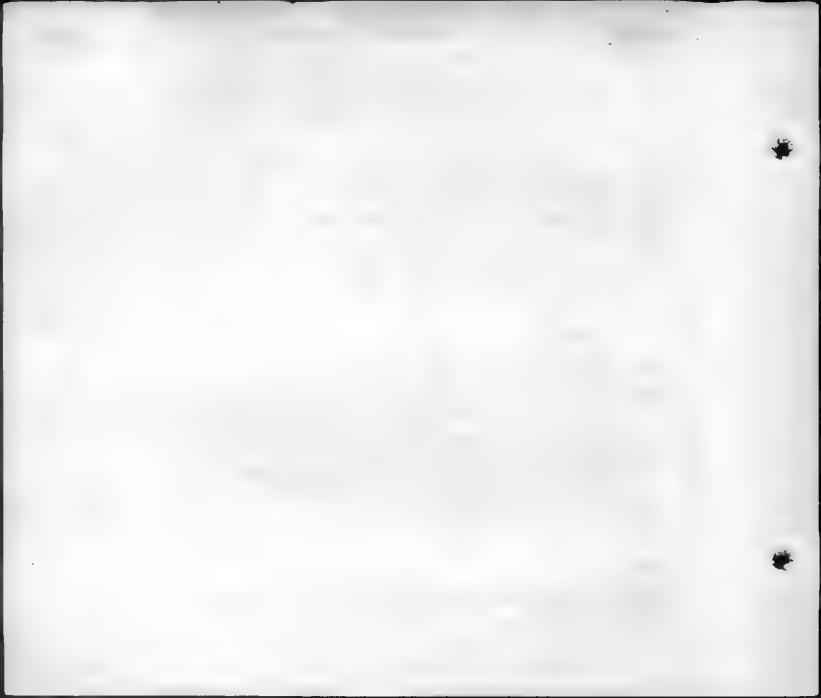
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

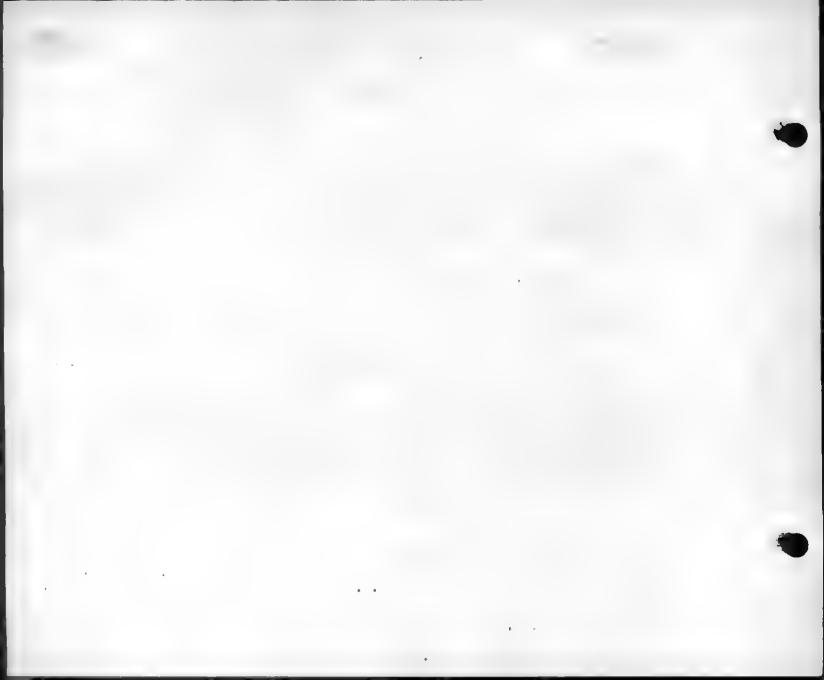
00036 CERTIFICATE OF DEATH

Reg. Dist. No. 00036

	PLACE OF DEATH  O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY CASE CONTROL	
	b. CITY OR TOWN (If outself) corporate limits, write RURAL and give nearest (swn)  Tractions  30045	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest) town)	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  Humbra Hospital	d. STREET ADDRESS  o. 15 RESIDENCE ON A FARM? YES NO	
	NAME OF DECEASED (Type or print)  Windle .  Hirst / Middle .  Hirst / Middle .  Hirst / Middle .	Haus DEATH JAN 8 1966	
	S SEX 6 COLOR OF RACE 7 MARRIED NEVER MARRIED WIDOWED M DIVORCED	B DATE OF BIRTH  Fel-15, 1896  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   Inches   Inches	
100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Output most of working life even if retired!  Wabash Co. Utt. Lavage  12. CHIZEN OF WHAT COUNTRY?			
Perry Hous Ida James			
	5 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. I	ouis E. Hans - Tut. Savage mo	
	Pialetie	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO DEL	
20a. ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18 )   20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED   20e PLACE OF INJURY (Home, form, 20f (City or fown)   19		ACE OF INJURY (Home, form, 20f (City or town) (County) (Stole)	
	21. I certify that I attended the deceased from 5 TAN!	19.66, to S. TAN., 19.66, that I last saw the deceased accurred at 7:40 P.M. from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  PATE STONED  M.D. 48 BROPPWMY	
	PHYSICIAN'S NAME (Type)	FROSTBURG-MD, 21502	
	220. BUR AL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 1 22d LOCATION (City, town, or county) (Stole) Furial Jan 11, 1966 Wethodist Genetary My Lavage and		
	John J Hafer Frostburg, M	240 RICH BY REGISTRAR 246. REGISTRAT'S SIGNATURE	



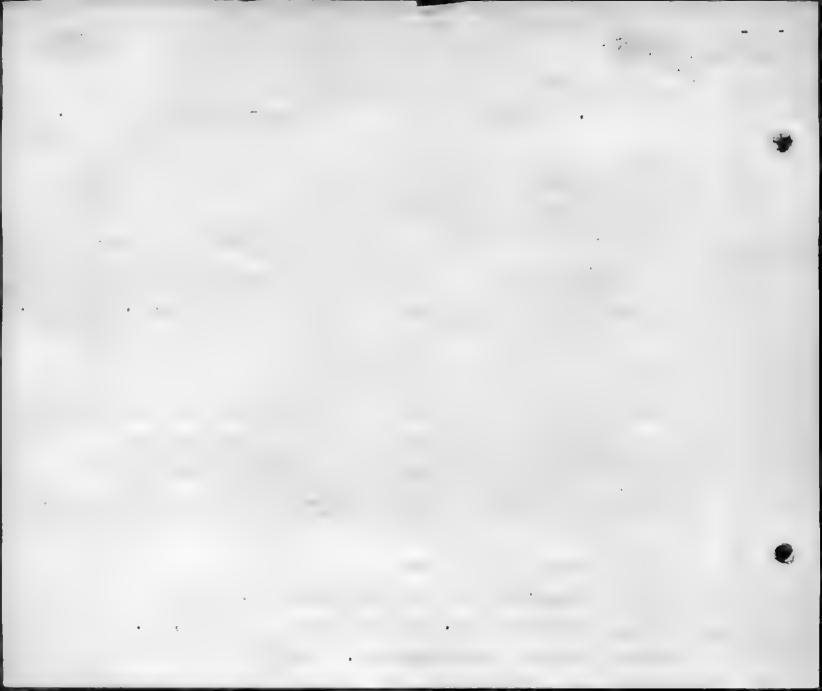
3500 4-64



MEDICAL EXAMINER'S CERTIFICATE FOR STA 1. PLACE OF DEATH If any exfray is necessary, the funeral director. Page Fretained for your files. The State Board of Health, a. COUNTY Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 write RURAL and give nearest town) Klondike\*RT. Frostburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS State B 3. NAME OF First Middle 4. DATE DECEASED 5 may be retained 2 with the Shours after all OF (Type or print) ANNTE HERSTCK DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH Female WIDOWED TX DIVORCED [ 892 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Housewife Czechoslovakia pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PM3. Mike Petron Marv File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. ENFORMANT permit. (Yes, no, or unkown) I (Ifyes give wer or detas of sarvice) along with No None 18. CAUSE OF DEATH [Enter only one cause per l'ne for (a), (b), and (c). burial-transit p PART I. DEATH WAS CAUSED BY-" in pencil i EXPOSURE IMMEDIATE CAUSE (e) DIVENOX FREEZING Conditions, if any, which " gave rise to immediate cause ftj word "pending dical Examiner's **DUE TO** (e), stating the underlying Š ō cause last. CERTIFICATION 200 o the Chief Medical E the Chief Medical E SR: Page 3 should be prior to burial, cremal 20a. EXTERNAL CAUSE WAS PRIMARY WY OF CONTRIBUTING 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While OR: P al work el work 🔽 1966 Near home forwarded to t the certificat 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection X Accident XX death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER slease execute the should be forward > FUNERAL DI ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER TX EXAMINER'S NAME (Type) Benedict Skitarelic Cumb erdiresting, alling, or county) 220. BUR, AL, CREMATION, 226. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 40 6 Burial St. Josephs Cemetery 23. FUNERAL DIRECTOR REC'D BY REGISTRAR I VS. A15ME

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where dacassed lived, if institution: Residence before admission) b. COUNTY Allegany c. CITY OR TOWN (If outside corporate l'mits, write RURAL and give neerest lown) Klondike--R-F-D-Frostburg.MD. . IS RESIDENCE ON A FARME YES NO P Month Jan 1.966 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday! Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. (Unknown) Address John Hersick, Klondike, RT. Frostburg. INTERVAL BETWEEN ONSET AND DEATH HOURS HOURS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19, WAS AUTOPSY PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert Lor Part II of Item 18.) 20f. (City or town) (County) (Stete) Klondike. Inquiry X and in my opin on Undetermined manner DATE SIGNED 1966 22d LOCATION (City, town, or country) (State) Midland, MU. 24b. REGISTRAR'S SIGNATURE nough par GEORGE EICHHORN 5M 9/60 Lonaconing, MD.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEF	PARTMENT OF HEALTH , 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
09039 CERTIFICATI	E OF DEATH
1. PLACE OF DEATH a. COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission)  a. STATARYLAND ALLEGANY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  CUMBERLAND.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CUMBERLAND
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  MEMORIAL HSOPITAL	1504 BEDFORD ST.
3. NAME OF DECEASED (Type or print) MRS. SANDRA A HOFFMA	
7. INDICATED/A TIEVER MINISTED	2/10/42  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  SECRETARY  COUNTY GOV T	CUMBERLAND, MD. 12. CITIZEN OF WHAT COUNTRY?  U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN T. TOPPER	VIRGINIA CAMPBELL
(Yes, no, or unkown) \((If yes give war or dates of service)\)	MORIAL HOSPITAL, CUMBERLAND, MD
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Lo Og Line  D	INTERVAL BETWEEN ONSET AND DEATH 3 to many
Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO	

underlying cause last. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 19. PERFORMED? NO F YES T

20a. ACCIDENT WAS UNDERLYING TO THE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part | or Part || of Item 18.)

TIME OF INJURY Month, Day, Year Hour a.m. While at work Not While at work

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)

(State)

1966. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from the causes and on the date stated above. and that death occurred saw the deceased alive on 22b. DATE SIGNED

22a. SIGNATURE

ATTENDING PHYS. 22d. ADDRESS MED. DIRECTOR STAFF PHYS.

PHYSICIAN'S NAME (Type) a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b.

NAME OF CEMETERY OR CREMATORY SUNSET

LOCATION (City, town or county) CHMBERTAND MD EGISTRAR | 25b. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR BYRON KIGHT

MEDICAL

CUMBERLAND,

REC'D BY REGISTRAR



	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STAT	ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
A D D Rea	OCDITIONATE OF DEATH	303 Ac

	1 6	00040		CERTIFICAT	E OF DEAT	[H	00(40			
	1.	PLACE OF DEAT	Н			ENGE (Where deceased lived, If insti				
		a. COUNTY	ALLEGANY	MARYLAND	a. STATE	RYTAND b. COUNT	ATJEGANY			
		b. CITY OR TOW	/N (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b		(If outside corporate limits, writ				
		Write RURAL CUMBERLA	and give nearest town)	10 DATE			1			
			SPITAL OR INSTITUTION (if not in i	10 DAYS	d. STREET ADDRE		e, IS RESIDENCE			
	_			inopitalit Billo ou cut addition)			ON A FARM?			
1			ART HOSPITAL		107 E. M		YES NO X			
	3.	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year			
		(Type or print)	MINNIE		OH ING		27/66 19			
	5.	SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years II last birthday)	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.			
		FEMALE	WHITE WIDOWED	49-1	8/20/92	73 yrs.	1			
	10a dur	I, USUAL OCCUPATION MOST OF WORK	TION (Give kind of work done 10b. I	KIND OF BUSINESS OR INDUSTRY	11. BIRT RPLACE	(County & State, or fereign country)	12. CITIZEN OF WHAT COUNTRY?			
				ividual home	s Frost	burg, Maryland				
	13.	. FATHER'S NAM	NE TO THE RESERVE TO		14. MOTHER'S M					
		Henry	Mayer		Marg	aret Horchler				
		. WAS DECEASED		. SOCIAL SECURITY NO.   17.	INFORMANT	Address				
	N		b1	.7-05-1358 PA	TENTIS CH	ምርልን				
			DEATH [Enter only one cause per		- 10111 O OU		INTERVAL BETWEEN			
		PART I. D	EATH WAS CAUSED BY:	3 70 13			ONSET AND DEATH			
	IMMEDIATE CAUSE (a) Renal Failure  5 days									
	П	15 yr.								
		Genditions, If gave rise to	Immediate (	teriosclerot ic	, modit o Di	30430				
		cause (a), s underlying caus	tating the DUE TO	ronic Anemia			3 yr.			
	8	e 10	SEGNIFICANT CONDITIONS CONTRIB	TUTING TO DEATH BUT NOT RELA	TED TO THE TERMIN.	AL DISEASE CONDITION GIVEN IN P	ART 1(a) 119. WAS AUTOPSY			
	CATION						PERFORMED? YES NO.#			
0	La.	20a ACCIDENT	eralized arthriti	s and arte rios	RRED (Enter natura	of injury in Part I or Part II of				
	CERTI	L OK CONTRIDUT	ING CAUSE OF DEATH	DESCRIPE HOW MOUNT ODGE	Miles (Ditter natur	, 0, 41,01, 41 1 01, 1 01 1 1 1 1 1 1 1	10011 2007			
				NOT INJURY OCCURRED 120e, PLA	CE OF INJURY (Home	a farm.   20f. (City or town)	(County) (State)			
	OICAL	Hour a.	m. While	Not While	ry, street, office bldg	., etc.)	(overel)			
	MEO		m. None 19 at wo	Not While at work			22 //			
		21. I certi	fy that (I) (this hospital) attend	ded the deceased from	January 3,	19 00, to January	2,(1,9,00, that (i) (we) last			
			ceased alive on Japuary	27, 1966, and that	t death occurred a	t4.30M,A96m the causes a	and on the date stated above.  22b. DATE SIGNED			
		220. SIGNATU		ran Juh	ATTENDING	MED. STAFF				
1	1	22c. PHYSICI		M.D	). PHYS. #	DIRECTOR PHYS.	1-27-56			
,		NAME (T	ype) DR. HALLINAN				hit beefe			
		[		OZ. NAME OF OCHETCON		ford St. Cumbe 1				
	23a	REMOVAL (Sp		23c. NAME OF CEMETERY		23d. LOCATION (City, toy				
M	24	Bur ia 1 FUNERAL DIRI	Janu. 29, 196	6 Frostburg	Mem. Par	REC'D BY REGISTRAN 256. RE	Maryland			
15)	24	- 1 700	16. Mollende	FROSTBURG.	IVI I 3		GISTANC & STORY ON TO			
12	H	AFER FU	INERAL HOME 60	W. MAIN ST?	DATE	-PT 1000 A				

ę ) ( ) ę \*

		MAKYLANL	J STALE DEP	AKIM	LENI UF I	HEALIH		
	DIVISION OF STATISTICAL	RESEARCH A	AND RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1, MARYLAND
403	2024	CF	FRIFICATE	OF	DEATH			00041

	TO THE STATE OF TH
1. PLACE DF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lired, If institution: Residence before admission)
ALLECANIA	e. STATE  MARYLAND  ALLEGANY
b. CITY DR TOWN (if outside corporate limits.   c. LENCTH OF ST.	AY IN 1D c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	DARTON
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street	
	RT. #1
MEMORIAL HOSPITAL	NI Φ # 1 YES ND
3 NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) BENJAMIN	HYDE DEATH JAN. 29 1966
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRI	ACE (In years   15 INDER 1 YEAR INDER 24 HRS
MALE WHITE WIDOWED DIVORCE	DEC 1. 1905 70 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done : 10b. KIND OF BUSINESS)	
during most of working life, even if retired) CNDUSTRY (ine	COUNTRY?
CHAL MINER	MOSCOW, MD. U.S.A.
13. FATHER'S NAME BENJAMIN HYDE	14. MOTHER'S MAIDEN NAME
DENJAMIN MIUE	KATHERINE MOWBRAY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY! (Yes, no, or unknwn)   (If yes give war og dates of service)	
(Tes, no, or uninown) (Tryes give war of nates of service) 0.14-01-730	2 MEMORIAL HOSPITAL
18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and	(c).1 INTERVAL BETWEEN
	tulus asklandicins and Commi Const for the
IMMEDIATE CAUSE (8)	- 12 W 11/2
DUE TO Arlenoscler	while Condromorenly deserve 10 years
Conditions, if any, which (b)	
cause (a), stating the DUE TO Chame's has all	itis, asllma, pellmonon, phrosis of emphysem
underlying cause last. (c)	
1 - 1	TNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
13 Benigh Lyworksouth hoster	Co, money relation and 7. U. R /6 Die YES T NO []
20a, ACCIDENT WAS UNDERLYING   120b, DESCRIBE HOW IN	JURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
DR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	• • • • • • • • • • • • • • • • • • • •
	20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m., p.m. 19 At work at work	factory, street, office bldg., etc.)
p.m. 19 at work at work	1 49 06.60
21. I certify that (I) (this hospital) attended the deceased	from / 8 / 19:30 top M. 19 , that (I) (we) last
	, and that death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
In albert Van Olmo	1 M.D. PHYS. DIRECTOR D STAFF D 30 9 m. 6 6
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) DR. W. A. VAN ORMER	122 S. CENTRE ST. CUMB. MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF	CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
- DEMOVAL (Specify)	
201101	1 Hill   Noscow Mills, I'd.
24. FUNERAL DIRECTOR ADDRESS	
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	rt. 11. DAFEEB 4 1968 Setranles Judge



funeral TO MOSPITE OF ATTENDING PHYSMIAN: The lam requires that the death certificate secuted within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

4	MARYLAND STATE DE	PARTMENT OF HEALTH
į	MINISION OF STATISTICAL RESEARCH AND RECORDS	S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	DICE OFFICE OFFI	E OF DEATH 00042
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)  a. STATE MAD DV: AND D. COUNTY ALL TO CANAL
	ALLEGANY MARYLAND	MARYLAND ALLEGANY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	CUMBERLAND. 18 DAYS. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
		Off A Friends
3.	MEMORIAL HOSPITAL  NAME DF First Middle	3 HIGH STREET YES NO Day Year
3.	DECEASED	DF
5.		8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	MALE WHITE WIDOWED DIVORCED	8=4=1924 Jast birthday) Months Days Hours Min.
1Da	B. USUAL OCCUPATION (Give kind of work done   1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
F	RETIRED - SCHOOL TEACHER	LONACONING MD U.S.A.
13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	DANIEL JAMES	NELLIE BEARD
	es, no, or Unkgwn) {{ f yes give war or dates of service}	EMORIAL HOSPITAL -CUMBERLAND, MD.
	165 Wal # 2	In Property Description
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	extension. INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) Uarcinoma bad of	Pancreas with recurrence and 6 months
	Conditions, If any, which \	
	gave rise to immediate (	
	cause (a), stating the DUETO (c)	
20	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
S	Obstructive Jaundice	YES NO N
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCION CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
CAL	facto	ACE OF INJURY (Home, farm,   2Df. (City or town) (County) (State) ory, street, office bldg., etc.)
MEDICAL	p.m. 19 at work at work	
	21. I certify that (i) (this hospital) attended the deceased from Jane saw the deceased after on 19, and that	une 28, 19 65 to Jan. 4, 19 66, that (I) (we) last
	saw the deceased alive on 19, and that	at death occurred at 6: 00 from the causes and on the date stated above.
	222. SIGNATURE James Juston M.	ATTENDING X MED. STAFF Jan. 4. 1966

ADDRESS

22d. KNN

OF CEMETERY OR CREMATORY

Mt. View Cemetery

Lonaconing, MD.

LOCATION (City, town or county)

REC'D BY REGISTRAR'S SIGNATURE

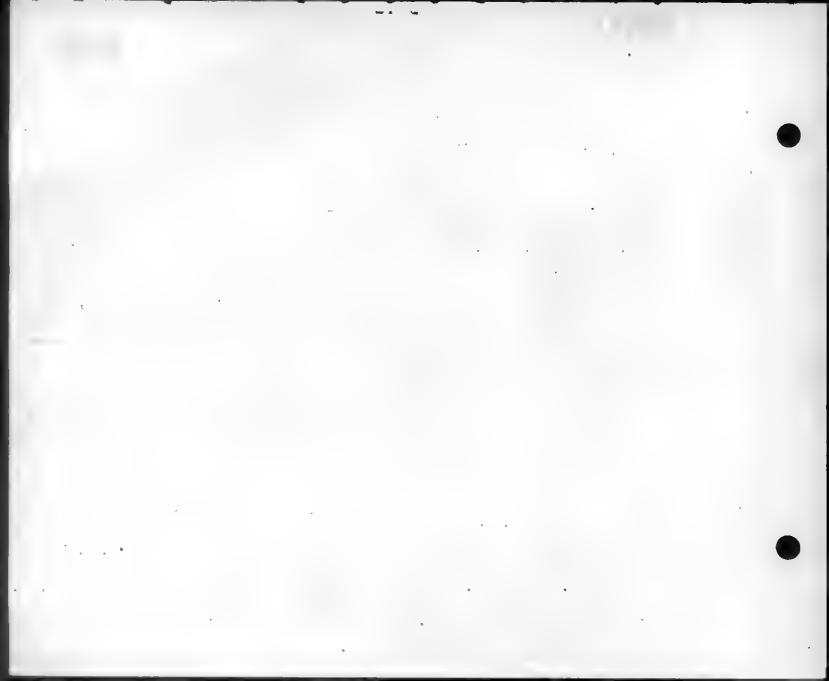
VR AI5 (4) 20M 1/65

PHYSICIAN'S NAME (Type)

23b.

George Eichhorn

23a. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL 24. FUNERAL DIRECTOR



4

FOR STATE HEALTH (DEPT.

DEPUTY MEI EXAMILER: This mrtificate [louid be executed within 24 hours after death. If any delay please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office, along with form PM3. Page 5 may be retained for your files. 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Tile solges 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MED

VR AISME (5) 5M 1/65

BEADVEAUD OTATE DEDADTISCUT OF HEALTH

	A SHARK	THUR DINIE DE	CHARTMICINI UF	BEALIN	
Division of ST/	ATISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
0000 £ 2			CERTIFICATE		0110

		1111	-10/12	EACHITTE	0	OLICITI IOATI		4 1 1		000	10
1.	PLACE OF DEATH	1				2. USUAL RESIDENCE	E (Where deceased I			dence before	admission)
		Allegany		MARYLA	NO	a. STATE	aryland	b. COUNT		legan	v
	b. CITY OR TOW	N (If outside corporate in and give nearest town)	limits,	c. LENGTH OF STAY IT		c. CITY OR TOWN (If		limits, writ			
	Cumbe	rland		30 years	5	(	Sumberlan	d			
	d. NAME OF HOS	SPITAL OR INSTITUTION	(If not In hos	pital, give street add	ress)	d STREET ADDRESS		Ų.		( a. 15 R1	ESIDENCE
	Memor	ial Hospita	1				207 Lain	g Ave	m11.0	YES	FARM?
3.	NAME OF	First		Middle		Last	1 4. DATE	Month	ilue		ear
	(Type or print)	Cha	rles	William		Johnson	OF DEATH	Ja		7 19	66
5.	SEX		MARRIED 5	NEVER MARRIED	] [	B. DATE OF BIRTH	9, AGE	(in years ill birthday) N			
	Male		WIDOWED [	DIVORCED [		March 19,	1910 55	yrs.	ionths Da	ays Hour	s Min.
101	USUAL OCCUPAT	ION (Give kind of work dor ing lifa, even if retired)	ie 10b. Kin	ID OF BUSINESS OR		11. BIRTHPLACE (S	tate or foreign cou	intry)	12. CITI	ZEN OF WHA	AT
l dui	Engin	leer	Rai	lroad		New Yor	k		US		
13.	FATHER'S NAM	E				14. MOTHER'S MAID					
		Walter Jo	hnson			Elizabe	th Rodel	1			
15	. WAS DECEASED	VER IN U.S. ARMED FORC	E\$7   16. S	OCIAL SECURITY NO.	17.	INFORMANT		Addrass			
CAL	no, or unkowel)	( If yes pive war or dotes of se	rTiCe)		M-	s. June Tv	rice John	son (	lumba:	hand	MA
	18. CAUSE OF	DEATH [Entar only one c	ausa per lin	a for (a), (b), and (c)		or ound in	**************************************	SOR 1		INTERVAL B	
	PART I. DE	ATH WAS CAUSED BY:		Coronary		Occlusion				Sudd.	DEATH
	1	IMMEDIATE CAUSE (a)		o o a o a car		00011011				10000	V11
	Conditions, If	DUE TO		Coronary	. 9	Phrombosis					140
	gave rise to immediate										
	cause (a), st undarlying caus	a task		Coronary Sclerosis					-		
Z		IGNIFICANT CONDITIONS		ING TO DEATH BUT NOT	DELA	TED TO THE TERMINAL O	ISFASE CONDITION	GIVENINE	PT 1/a)	19. WAS /	UTOPSY
TIO	17511711011111111	Taliff lorder Collections	QUITITION!	ING TO DESTRIBUTION	REUM	TEO TO THE LERIMINAL	NO LA COMPTENDI	1 41 7 40 1 110 1 2	171 2(4)	PERFO	ORMED?
FIC)	20- EVIENNA	CALLOS MILA	I coh De	SANIDE HAW IN BURY	0001	RRED. (Enter nature of	Lialing Ia Dark I A	David II al	to = 10 \	YES XX	NO [
MEDICAL CERTIFICATION	PRIMARY OF CAUSE OF DEAT	CAUSE WAS CONTRIBUTING [] H.	200. DE	SQUIDE NOW INJOKT	0000	KKED. (Enter nature of	rinjury in Part 1 o	rait ii Vi	Italii 10-/		
'AL	20c. TIME OF	NJURY Month, Day, Yea	r   20d. IN	URY OCCURRED   206	. PLA	CE OF INJURY (Home, fa	ırm, 20f. (City o	r town)	(Count)	у)	(Stata)
EDIG	Hour a.n		While r	Not Whila at work	facto	ry, straet, office bldg., e	tc.)				
2	21 Leortife	that I took charge o			hol .	d on Autonov Re	Inspection x	Inquir	у ж.	and in my	colnion
	death result	_		Accident .		cide . Homici		termined n			гориноп
	death result	eu from: Natural Ca	inses Ex.	Accident,	201	1	L EXAMINER	(¢) minicu m	Idiliiei _	_	
	ACTUAL /	Boundin	41	12.Tabal.		M.D. ASSISTANT ME		-		22. DATE	SIGNED
	SIGNATURE	<u>variance</u>	A 760	·carae			AL EXAMINER IX		Jan	.7,196	56
	EXAMINER'S NAME (Type)	Dr. Benedi	ct Ski	itarelic.M	. I		t, city, town, or co	unty) 'Rt.		Cumber	
23a	BURIAL, CREM	ATION, 23b. OATE THE	REOF	23c. NAME OF CEM	ETERY	OR CREMATORY	23d. LOCATIO				State)
	REMOVAL (Spe		1966	Mountain	Vie	w Cemetery	Sharps	burg,	Mary	land	
24	FUNERAL DIRE			ADORESS			C'O BY REGISTRAR	4			
1	James	F. Scarpel	li, Cu	umberland,	Mo	DATE	13 1996	gold	orles	Judge	2
1,-							11-1-1-1-1			7/- C/-	



Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1-and 2 should be filed with the State Dept. of Health prior to burnal, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate he excused within Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE	DEPARTMENT OF	HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND REC	DRDS, 301 W. PRESTON	STREET, BALTIMORE	1. MARYLAND
OBOLK		ATE OF DEATH		000

	06044	CERTIFICATE	OF DEATH		00044
1.	a. COUNTY	2		ere deceased lived, If Institu	
	ALLEGANY	MARYLAND	a. STATE MAF	RYLAND b. COUNTY	ALLEGANY
L.	b. CITY OR TOWN (if outside corporate limits, c. write RURAL and give nearest town)	11		e corporate ilmits, write	RURAL and give nearest town)
		I MONTH	CUMBERLAND		1
6	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	itai, give street address) d	. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1-	ACRED HEART HOSPITAL		924 GREENWOO		YES NO NO
3.	NAME OF First DECEASED (Type or print) FLORENCE	Middle	IF6	DATE Month	Day Year
5,	SEX 6. COLOR OR RACE 7. MARRIED		DATE OF BIRTH	DEATH 1-25-1	INDER 1 YEAR HE UNDER 24 HRS.
	FEM. WHITE WIDOWED TX		2-21-1899	last birthday) Mo	onths Days Hours Min.
10:	a. USUAL OCCUPATION (Give kind of work done 10b. KIND ring most of working life, even if retired) INDU	OF BUSINESS OR	11. BIRTHPLACE (County &	7.0.	12. CITIZEN OF WHAT
-	HWF. MAID	SIKI		MARKLAND	COUNTRY?
13	. FATHER'S NAME	1	4. MOTHER'S MAIDEN NA	ME	
	HUGH DARKEY	(DEC.)	ANHTE CE	ARTREE	(DEC.)
(Y	o. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC es, no, or unkown)   (If yes give war or dates of service)	CIAL SECURITY NO. 17CH	<b>FRIM</b> ANT	Address	MD
-			LUTHER W. RIC	CHIE, RTE 4, E	OX 296, CUMB'D
	18. CAUSE OF DEATH (Enter only one cause per lipe: PART I. DEATH WAS CAUSED BY:	for (a), (b), and (c).]	1 /10	~	INTERVAL BETWEEN
	IMMEDIATE CAUSE (a)	Strong Struck	Welliers kaf	8	5 Chu ju
	Conditions, If any, which )	certe deft	- College		
	Rase ties to littledigts (	cure gaysie	c, certific		
	cause (a), stating the DUE TO underlying cause last.				
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION			E CONDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY
ICA	autenorionite + tylfi vien	LEVY / Pait	thesease!	oed # t Him	PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 7 20b. DESI OR CONTRIBUTING 7 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury	in Part I or Part II of it	tem 18.)
MEDICAL	M.	RY OCCURRED   20e. PLACE	OF INJURY (Home, farm, street, office bidg., etc.)	20f. (City or town)	(County) (State)
ME		Not While at work	<u>, , , , , , , , , , , , , , , , , , , </u>		
	21. I certify that (I) (this hospital) attended to		12/24, 1965	, to 124,	1966, that (I) (we) last
	saw the deceased alive on.	19	eath occurred at		d on the date stated above.
	Mulneusuca	M.D.	ATTENDING MED.		1/25-166
	22c. PHYSICIAN'S NAME (Type) S. G. WEISTA		22d. ADDRESS 59 GREEN		MBGICLANI
238	REMOVAL (Specify)	3c. NAME OF CEMETERY OR Greenmont Ceme	_	d. LOCATION (City, town Cumberland,	or county) (State) Maryland
24	. FUNERAL DIRECTOR	ADDRESS		REGISTRAR 250 REGIS	
K	ohn J. Hafer 230 Balto Av	e., Cumberland	1, Md DATAN 2 8	1966 Feel	way Judge

1 \_ 177 111 . 1 - 7. ) .0 1 3 ----- <del>-</del> 1 ( + + + )

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

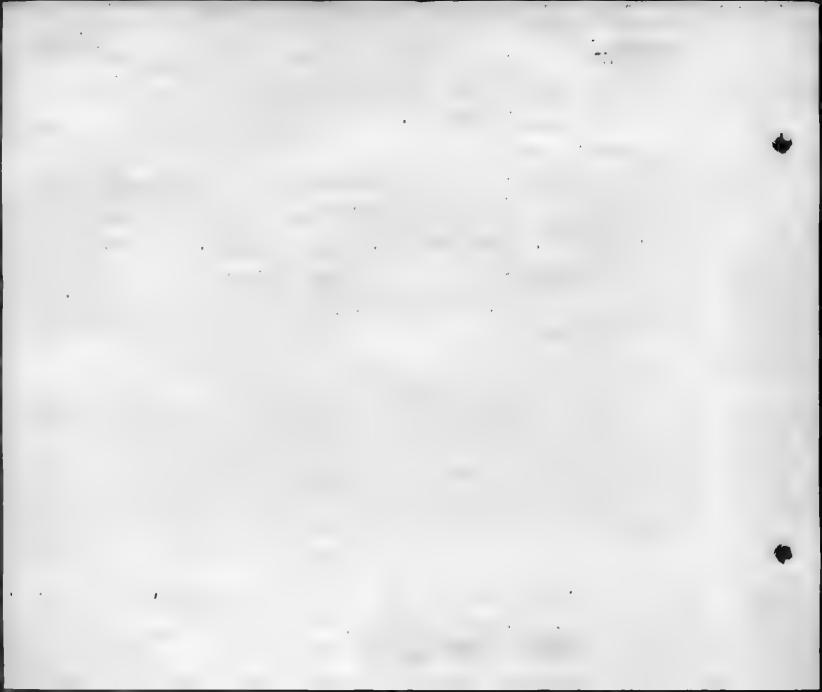
	1004	5		CERTIFI	CATE	OF DEATH	1		111	1045
1.7	PLACE OF DEATH	1				2. USUAL RESIDENCE 6. STATE	CE (Where deci	ased lived, If institute b. COUNT		e before admission)
_		ALLEC	ANY		LAND	M	ARYLANI	)	ALLEG	
	b. CITY OR TOWN	N (if outside co and give neare	rporate limits, st town)	c. LENGTH OF STAY	Y IN 1b	c. CITY OR TOWN (If	outside corp	orate limits, write	RURAL and gl	ve nearest town)
_	FRO	STBURG	·	17 DAYS		मन	OSTRUR	1	13." "	1
	d. NAME OF HOS	PITAL OR INST	TUTION (if not in h	ospital, give street a	iddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	MIN	ERS HOSI	PTT AT			. 86 BR	OADWAY			YES NO TY
3.	NAME OF		First	Middie	7	Last	4. DATE	Month	Day	Year
	DECEASED (Type or print)		ANNTE	Μ.		KENNEY	DF DEATH	TANT	つだせん	19 66 FUNDER 24 HRS. Hours Min.
5.	SEX	6. CDLOR OR I			D   8	. DATE OF BIRTH	9.	AGE (In years II	UNDER I YEAR	IF UNDER 24 HRS.
	FEMALE	WHITE	WIDDWED	DIVORCE		NOV. 23rd.	1879	_86_yrs.	ionths Days	Hours Min.
10	a. USUAL OCCUPAT	JDN (Give kind of	work done   10b. K	IND DF BUSINESS OF		11. BIRTHPLACE (C			12. CITIZEN	DF WHAT
aui	ring most of worki HOUSEW	ng lite, even if		NDUSTRY HOUSEWORK		MADSET AN	TD.		COUNTRY	
13	. FATHER'S NAM		TOWIN	HOUSEWURK	-	MARYT.AN  14. MOTHER'S MAIN	EN NAME		I IISA	
	AMORIO	MeATEE				O I MITTER TO				
15	. WAS DECEASED E	VER IN U.S. ARM	ED FDRCES?   16.	SOCIAL SECURITY NO	), 1 17.	CATHERIN INFORMANT		Address		
(Y	es, no, or unkown)	(If yes give war or	dates of service)				86		Υ,	
	I 19 CAUSE OF	SEATH (Enter of	ally one neuro non-l	ing day (a) (b) and (		ONARD KENNE	Y, F	ROSTBURG,		ERVAL BETWEEN
		ATH WAS CAUS	//	ine for (a), (b), and (c	9.5	DRALIA			ONS	SET AND DEATH
	11 -	IMMEDIATE C		ceno o	LK	enogre _				caro
	400		DUE TO							
	Cenditions, If a		(p)						/_	
	cause (a), st	ating the	DUE TO							
z	underlying caus		(c)						ART 1(a)   119.	WAS AUTDPSY
CERTIFICATION	PART II. OTHERS	IGNIF ICAN I CDI	IDITIDAS CDATRIBO	THING ID DEATH BUT	ADIKELA	ED TO THE TERMINAL O	DISEASE CUNL	ITTON GIVEN IN PA		PERFORMED?
FIC	and the second second	linia maiabatusi	10 50 L COL							ES ND
ERT	20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT	NG CAUSE D	F DEATH 20D.	DESCRIBE HOW INJU	RY UCCUI	RRED. (Enter nature of	i injury in Per	t I or Part II of	Item 18.)	
			1							
MEDICAL	20c. TIME DF I		Day, Year 20d. I	NJURY OCCURRED	20e. PLAC factor	E DF INJURY (Home, fa y, street, office bldg., e	irm,  20f. (i tc.)	City or town)	(County)	(State)
ME	p.n		19 at worl					0		
	21. I certify	y that (I) (this	hospital) attend	ed_the deceased f	rom 💯	20.30 ,1	96.2 to	Um 25	, 1960 ti	hat (I) (we) last
			nyan 2	1966, 2	and that	death occurred at	LACE AM, Ago			
	22a. SIGNATUR	E Dans	910	_		ATTCNIDIBLO	MED		22b. DATE SI	GNED
	W	UM	LAN	en	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.	Jul 21	81966
ı	22c. PHYSICIA NAME (Ty		D. McLANE		11	22d. ADDRESS				
_	l	W D	). MCLANE	<del> </del>		167 E.	MAIN SI	FROST	BURG, M	D
238	BURIAL, CREM. REMOVAL (Spe	ATION, 23b, (	DATE THEREOF	23c. NAME OF CI	EMETERY	OR CREMATORY		ATION (City, tow	n or county)	(State)
	BURTAL	1-2	28-66	ST. MICHA	ELS	CEMETERY, _		OSTBURG,		MD.
24	. FUNERAL DIRE			ADDRESS				TRAR   25b. REG	ISTRAR'S SIGN	ATURE
	JOSEPH :	R. DURSI	', SR.,	FROSTBURG	, MD	DATE	B 1 1	966 /	0	U

TO FUNERAL OIRECTOR: After this certificate his Ten signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

49118cmf

STATISTICAL DESEARCH AND DECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edm ssion) e. COUNTY b. COUNTY Allegany
b. CITY OR TOWN (if outside corporate limits, MARYLAND Maryland Allegany
c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town] Eckhart Eckhart: 30 yrs.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Parkersburg Road YES NO TY Parkersburg Road completely Midde DECEASED and co DEATH (Type or print) Albert 19 66 Klosterman Thomas January 9. AGE (In years | IF UNDER I YEAR IF LINDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TNEVER MARRIED last birthday) Months | Days Male WIDOWED | DIVORCED To December 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work BIRTHP, ACE (County & State, or foreign country) done during most of working life, even if retired) Celanese Corp. | Vale Summit, Md. Preparation Dept. U.S.A. 13. FATHER'S NAME Henry Klosterman Rhoda Yeider 1 16. SOCIAL SECURITY NO. 17. INFORMANT ^dEckhart, Md. Mrs. Thomas Klosterman, Parkersburg Rd. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PULMONALE PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 5020 DUE TO EMPHYSEMA Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), steting the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HE CERTIFICATION PERFORMED? YES INO S 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury 'n Pert I or Part II of item 18 ) 206, ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 201. (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ) 20c. TIME OF INJURY Month, Day, Yaar fectory, street, office bldg., etc.) Not While Hour a.m. el work | el work 21. I certify that (I) (this hospital) attended the deceased from June 2. 1965, to 30 JA 2 , 1966, that (I) (We) last saw the deceased alive on 19 11 and that death occurred at 7A M, from the causes and on the date stated above. 220. SIGNATURE SIGNED DIRECTOR death. Page 4 PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) L. Michael Glick, M.D. 126 N. Smallwood St., Cumberland, Md. filed, 23d. LOCATION (City, town or county) (State) 236. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) OF 2,1966 Frostburg Mem. Park rk Frostburg Mar
256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Maryland HAFER FUNERAL HOME, 60W. MAIN ST. VR A15 (4)

STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phys Natural completely filled in by the funeral director, page 3 should be detached for use 15 the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate decuted within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

N	_	CALLY		CERTIFICAT	E UF DEATH	0.0045		
	1,	PLACE OF DEAT	1		2. USUAL RESIDENCE (Where deceased lived, If it			
4			GANY	MARVIANA	a. STMARYLAND b. COUNTY LEGANY			
1	_	b. CITY OR TOW	N (if outside corporate limits.	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, w			
ı			and give nearest town)	E3 DAVC	WESTERNPORT			
ŀ	_	d. NAME OF HO	RLAND SPITAL OR INSTITUTION (If not in	57 DAYS	d. STREET ADDRESS	e. IS RESIDENCE		
1			••	,		ON A FARM?		
1				, MEM. AVE.	RT. 1, BOX 136-A	YES ND		
1	3.	NAME DF DECEASED	First	Middle	Last 4. DATE Mon			
	Ė	(Type or print) SEX	HENRY	Ε.	LARUE BEATH JANU			
ı	Э.			D   HEVER MARKIED	last birthday)	Months   Days   Hours   Min.		
	40	MALE	WHITE WIDOWE	E-21	12-2-1883 82 yrs.			
1	1Da duri	. USUAL DCCUPAT Ing most of work	ing life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRT HPLACE (County & State, or foreign counts	y)   12. CITIZEN OF WHAT CDUNTRY?		
		Josl Min	ww	Joal Mine	GARRETT COMD	U.S.A.		
П	13.	FATHER'S NAM	_		14. MOTHER'S MAIDEN NAME	_		
			ES LARUE		MATILDA MCKENZI	E		
	15. (Ye	WAS DECEASED	EVER IN U.S. ARMED FDRCES? 16 ((If yes pive war or dates of service)	S. SOCIAL SECURITY NO. 17.	INFORMANT Addr	955		
1	•	, ,			MEMORIAL HOSPITAL . C	UMBERLAND, MD.		
1		18. CAUSE DF	DEATH [Enter only one cause per	line for (a), (b), and (c).]		INTERVAL BETWEEN		
1	-1	PART I. DI	ATH WAS CAUSED BY: (a)	onie and	terminal Consisting	Con Jahren 2 2001		
	-1	* *	DUE TO	<b>^</b>	0	-01.0		
Conditions, if any, which } (b) A. S. Cordware . Kyeoze								
-	- 1	gave rise to cause (a), s	Immediate (	· · · · · · · · · · · · · · · · · · ·	0.4	20 year		
-		underlying caus	raring ring f	me purman	Throw Inchor	a jen		
١	NO.	PART II. OTHER	IGNIFICANT CONDITIONS CONTRIC	OUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN II	NPART 1(a) 19. WAS AUTDPSY PERFORMED?		
	CAT	Isl	Estinal femon	hose 1 relin	and. relation to Durch	ulla YES NO 17		
	CERTIFICATION	20a. ACCIDENT WAS INDERCYING 1 20b. DESCRIPE HOW INDIRED. (Fotor nature of John Vin Part Lor Part II of Item 18.)						
-	CER	(IF EITHER, NO	NG CAUSE OF DEATH	·				
	롯	2Dc. TIME OF	INJURY Month, Day, Year   20d.		CE OF INJURY (Home, farm,   2Df. (City or town)	(County) (State)		
-	MEDICAL	Hour a.t	1 10 111 11	e NOT While	ry, street, office bldg., etc.)			
1	2		y that (I) (this hospital) atten		1 420 195.7 to. 1 9	2., 1966, that (1) (we) last		
1	-			19 6 6, and that		s and on the date stated above.		
-	- 1	22a. SIGNATU	JOGOGO DITTO DIL	As and that	t death boothed atm, nom the causes	22b. DATE SIGNED		
	1	1/2	N. OOV. al Von	Olman M.C	ATTENDING MED. STAFF DIRECTOR PHYS.	1		
-		22c. PHYSICIA		MI,L	22d. ADDRESS	_		
1	Ì	NAME (T)	DR. W. A. VA	N ORMER	122 S. CENTRE S	Τ.		
4	23a	BURIAL, CREN	ATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City,	town or county) (State)		
		BURIAL, CREN	1/14/66	Frilos	ternbort	3:4		
1	24.	FUNERAL DIR		ADDRESS	25a. REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE		
1		600	191 al "	* - 1.5t, 111.	DATAN 19 1966 83	lionley Judge		
1					EDATE ITT J. O TOOU!			



ID FINERAL DIRECTOR: After this certificate ∥as been signed by the attending investoran and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Pages 1 and 2 should be filed with t∥e State ∥ept. of Health prior to burial, memation, or remov≡l, and in any event, within 72 hours after death. 24 hours after death, executed within ba TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
PLACE OF DEATH
2. USBAL RESIDENCE (Where deceased lived, if institution: Residence before a STATE

	a vi puniii
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
ALL A TO A COLOR OF THE STATE O	* STATE MARYLAND b. COUNTY ALLEGANY
b. CITY OR TOWN (IT outside corporate limits.   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)  CUMBERLAND  3 DAYS	CUMBERLAND
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AODRESS  0. IS RESIDENCE ON A FARM?
MEMORIAL HOSPITAL	212 W. OLDTOWN ROLD YES NO X
3. NAME DF First Middle OECEASED	Last 4. DATE Month Day Year OF
	ECHLITER DEATH JANUARY 19 19 66
1. WHITE THE WARRIED ST	B. DATE OF BIRTH  9. AGE (In years IFUNDER 1YEAR FUNDER 24 HRS  [ast birthday) Months Days Hours Min.
	0-17-1902   63 yrs.
10a. USUAL OCCUPATION (Give kind of work done   10b. KINO OF BUSINESS OR during most of working life, even if retired)	1) BIRTHPLACE (County & State, or foreign country)   12, CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) INDUSTRY	MARYLAND CUMBERLAND COUNTRY! A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM LECHLITER	IRENE PAINTER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
	EMORIAL HOSPITAL-CUMBERLAND. MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	, INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
2 2 / IMMEDIATE CAUSE (a)	
Conditions, If any, which DUE TO Left Ceres	nal Harmoushage 5days
gave rise to immediate cause (a), stating the underlying cause last.	Demyslegia 5 days
	TEO TO THE YERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICA	YES NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OUTH BUT NOT RELA  20a. ACCIOENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RREO. (Enter nature of injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm.) 20f. (City or town) (County) (State)
IS NOT WHILE IN A MOT MANIE IN A	ry, street, office bldg., etc.)
	15 1966 to Jun 19 1966 that (1) (we) last
21. I certify that (I) (this hospital) attended the deceased from that saw the deceased alive on Fig. 19 c., and that	death occurred at 2:00, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
alley? Suret M.D	ATTENOING MED. STAFF 1/19/66
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) DR. CLAY E. DURRETT	236 VIRGINIA AVE., CUMBERLAND, ME
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county) (State)
Burial Jan. 21, 1966 Davis Memor	ial Cemetery Cumberland, Ma.
24. FUNERAL OIRECTOR ADDRESS	25a, REC'O BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
James F. Scarpelli, Cumberland, Md.	MAN 26 1956 Charles Judge
Townson a work postary ownour admitting	DATE



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*		1
f	163	3
1	100	1
V		- 1
- 1		1 .:

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temore barbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the permit within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

OR. MILLER

MARYLAND STATE DEPARTMENT OF HEALTH

OR. MILLER

CERTIFICATE OF DEATH

OU048

	DR. MII	LLER		CERTIFICAT	E OF DEATH		01	1048
١,	PLACE OF DEATH	1				E (Where decrased lit		sidence before admission)
	Al	LLEGANY		MARYLAND		RYLAND		LEGANY
	b. CITY OR TOW write RURAL	N (if outside co	proprate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate i	imits, write RURAL a	and give nearest town)
	CI	UMBERL/	IND	2 DAYS		BERLAND		No DECLOSIVE
				ospitei, give street eddress)	d. STREET ADDRESS			o. IS RESIDENCE ON A FARM?
		ORIAL F	HOSPITAL			RIDGEWAY		YES NO X
9,	NAME OF DECEASED		First	Middle	Last	4. DATE DF	Month	Day Year
i.	(Type or print)	6. COLOR OR	ADA RACE   7. MARRIED	B. L	EMMERT 8. DATE OF BIRTH	19 AGE (	IANUARY In years I F UNDER 1	YEAR IF UNDER 24 HRS.
	EMALE	3 43 4 6 400 40	WIDOWED			last b	irthday) Months [	Days Hours Min.
0a	. USUAL OCCUPAT		fwork done   10b. Ki	IND OF BUSINESS OR	3 - 7 - 1899 111. BIRTHPLACE (CO	ounty & State, or foreign	en country)   12. CIT	IZEN OF WHAT
luri	Ing most of work		retired) IA	NOUSTRY	MT CAN	ACE ND		S.A.
13.	FATHER'S NAM	E			MT SAV	EN NAME		J. P.
	KHILI	OUS FOL	K		MARY 1	OGSDON		
	WASDECEASED		MED FORCES?   16.		INFORMANT		Address	
110	a, ma, or uneconii)	( 11 Jes Bise war or	auces of service)	ME	MORIAL HOS	PITAL -	CUMBERLA	ND, MD.
Ī	18. CAUSE OF	OEATH [Enter o	nly one cause per li	ine for (a), (b), and (c).1	0		,	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DE	EATH WAS CAUS	ED BY:	crobial va	ocular o	icaden	1	5 days
	SUIX		DUE TO					•
	Cenditions, If		(b)					
	cause (a), s	tating the	DUE TO					
5	underlying caus		(c)	JTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL D	ISFASE CONDITION	GIVEN IN PART 1(a)	119. WAS AUTOPSY
Y E	TANTII. VIII LANG	00 1	2	+4	1			PERFORMED?
	2Da. ACCIDENT	WAS UNDERLY	ING.   20b.	DESCRIBE HOW INJURY OCCI	URRED. (Enter hature of	injury in Pert 1 or	Part II of Item 18.)	
C EX	2Da. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	ING 🗀 CAUSE ( TIFY MEDICAL	FØEATH EXAMINER)					
J.	20c. TIME OF			NJURY OCCURRED   20e. PLA	CE OF INJURY (Home, fa	rm, 20f. (City or	town) (Coun	nty) (State)
	Hour e.r		While	MOT MULIE	ory, street, office bldg., e	tc.)		
2				ed the deceased from	12/14 1	965 to	75 1965	こ, that (I) (we) last
		ceased alive	al present	19 <i>6</i> , and tha	t death occurred at	: 2 GM, from the	causes and on th	e date stated above.
	22a. SIGNATU	RE	11.0	1000	ATTENDING	MED ST/		TE SIGNED
		/au	4//	Jully M.	D. PHYS.	DIRECTOR PH		/65
	22c. PHYSICIA NAME (T	Abe)UB L	AVID H.	MILLER		INGTON S	T CUMBE	RLAND MD.
23a			DATE THEREOF	L 23c. NAME OF CEMETER			N (City, tawn or cour	
	REMOVAL (SI	ify) /-	-7-1966	St. George	e Episcopel	TIT So		md.
24	FUNERAL DIRE	ECTOR		ADDRESS	25a. RE	C'D BY REGISTRAR	25h REGISTRARIS	SIGNATURE
	100	ith H	Durist x	for Fresthun	med pate N	1 0 1966	Of level 2	, Judge

VR AI5 (4) 2DM 1/65



FUR STATE LEALTH DEPT.

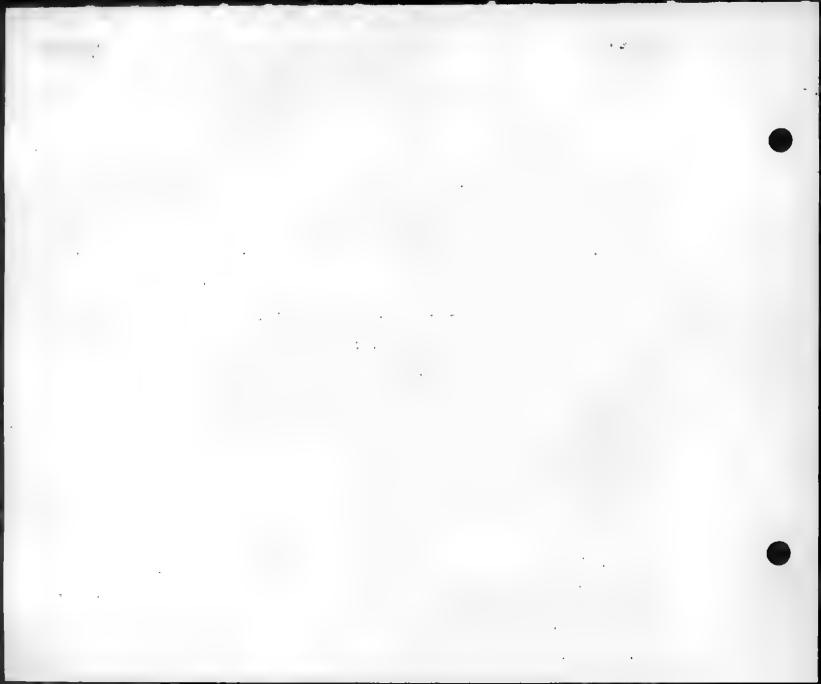
O DEPUTY MEL EXAMILER: This cartificate shall be executed within 24 hours after leath. If any delay cessary, please execut. To certificate, writing the word "pending" in pencil in item 18; diverses 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. O DEPUTY MED

> VR ATSME (5) 5M

1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DUDAN MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

1		$a_{000}$	14	Chi	UML	EVAIMINEK 2	GERITFICA	IE U	וטן ה	EMILL			1/1/5	k U
1		PLACE OF DEAT	Н				2 USUAL RESIDE	NCE (Wh	ere decea	sed lived, If ins	titution: R	esIdence	before a	dmission)
1		a. COUNTY AT.T	LEGANY				a. STATE			b. cour	YTY			
	_			nà n Ometà	- T	MARYLAND		RYLA		and demokan in			FAMY	
		Write RURAL	N (if outside corpora and give nearast to	ate ilmit Mu)	5,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN				TE HUNAL	ang gr	va neare	ist town)
		RT#2 FI	INTSTONE			46 years		LINT	STON	E		1		
		d. NAME OF HO	SPITAL OR INSTITUTI	ON (If no	ot In ho	spital, give street address)	d. STREET ADDRES	SS					IS RE	SIDENCE FARM?
	_									<u> </u>			YES 🗌	NO TO
3		NAME OF DECEASED	F	Irst		Middle	Lest	4.	PATE	Monti	1	Day	Ye	ear
Н		(Type or print)	EMMA IS	ABEI	L I	MALLOW			DEATH	JAN.	28	}	19	66
5	,	SEX	6. COLOR OR RACE	7. MAI		NEVER MARRIED	B. DATE OF BIRTH		9.	GF (In years)	IF UNDER	1 YEAR	IFUNDE	R 24 HRS
		FEMALE	WHITE:		OWED !	DIVORCED	Tuma 07 10	ים דו		ast birthday)	Months	Days	Hours	Min.
1	Da.	HEHAL OCCUPAT	10h (Club kind of wort	i dana 1		ND OF BUSINESS OR	June 27 19		foreign	(10 yrs.	1 12 €	IT17FN	OF WHA	T
d	uri	ing most of work	ing life, even if retire	ed)		DUSTRY	II. DIKINI LAVE	(orate of	1010161		CO	DUNTRY	7	
		Housev			]	Housewife				ryland		U.	S. A	
1	3.	FATHER'S NAM	E				14. MOTHER'S MA	AIDEN NA	MĒ					
		James Tw	ที่ ฮฮ				OV	tat (Me	cElf	ich \ Tu	i aa			
	15.	WAS DECEASED	EVER IN U.S. ARMED F	ORCES?	16. 5	SOCIAL SECURITY NO. 17.	INFORMANT	VIUII		Addre	ss E			
10	Yes		(If yes give war or dates	of service)		00 0005	4.70 1 200							
-		No	ļ			1-07-0085	Alston Fre	nch l	Val I	ow RT#	2 F] i	nts	tone	Md_
	Н				per III	ne for (a), (b), and (c).]						ONS	RVAL BE	DEATH
	F	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSI			CARCINOMATOS:	IS. GENERA	LIZE	D			1	Yea	
П	ı	, ,	DUE	TO.										
	1	Conditions, If		(b)		CARCINOMA OF	RIGHT COLC	N				3	yea	rs
	1	gave rise to		E TO										
	ı	cause (a), si underlying caus	rariiik riio (											
2	.			(c)	TOIDII	TING TO DEATH BUT NOT REL	ATEN TO THE TERMINA	I DISEAS	FCONDI	TIONCIVENIN	DADT 1(a)	19.	WASA	UTOPSY
I CI		TAKE III OTHERS	STREET FORMS COMPLET	0143 001	TINIDU	TING TO DEATH OUT HOT KEE	MIED TO THE TERMINA	(F DISENS	LOUND	110110111111111111	1 Mill 7 (a)		PERFO	RMED7
CA												YE	S	NO X
CERTIFICATION		20a. EXTERNA	L CAUSE WAS CONTRIBUTING [] H.	3	20b. D	ESCRIBE HOW INJURY OCC	URRED. (Enter nature	of injury	In Pert	i or Part II o	f Item 18	.)		
185	1	CAUSE OF DEAT	H.											
		20c. TIME OF	INJURY Month, Day,	Year I	20d. IN	JURY OCCURRED   2De. PL	ACE OF INJURY (Home		20f. (C	lty or town)	(Col	inty)		(State)
MEDICAL	3	Hour a.r	n.		While	Not While I fact	ory, street, office bldg	., etc.)						
Σ	Í.	p.i			t work	at work					-			
	П	21. I certify	y that I took charg	e of th	e rema	ains described above, he	eld an Autopsy	, Insp	ection	X, Inqu	fry $X$ ,	and	l in my	opinion
1	1	death result	ed from: Natura	1 cause	s K,	Accident , St	ricide 🔲, Homi	icide 🗌	], ປ	ndetermined	manner			
	1		0	-	, —	11'	/ CHIEF MEDI	CAL EXAM	IINER					
	-	ACTUAL SIGNATURE	SI-ENICO	407	( - L	1 Ki tarolu	M D. ASSISTANT P	MEDICAL	EXAMIN	ER 🗌		22.	DATE	SIGNED
	- ]	,					DEPUTY MED	DICAL EXA	MINER	JAN JAN	. 28.	190	56	
		EXAMINER'S NAME (Type)	BENEDICT	SKI	TARI	ELIC. MD	Address (Str	net, city.	town, o	r count Cum	berla	nd.	Md.	
2	3a	BURIAL, CREW		THEREO		23c. NAME OF CEMETER				TION (City, to				State)
1	Ju:	REMOVAL (Spe	ecify)									- / - / /		
	3.4	Burial FUNERAL DIRE	31 Ja	<u>n 66</u>	)		ETERY 25a.	REC'D BY	FF.T	MISTOIT	EGISTRAR	(c 610)4	ATD.	
1	<4.	FUNERAL DIRE	UI UK			ADDRESS					3~y~,	2 STON	r (ung	
1		H. Lee	Silcox		Carr	nherland Mam	Zland Mis	B 2	193	0	1 1	11	U	

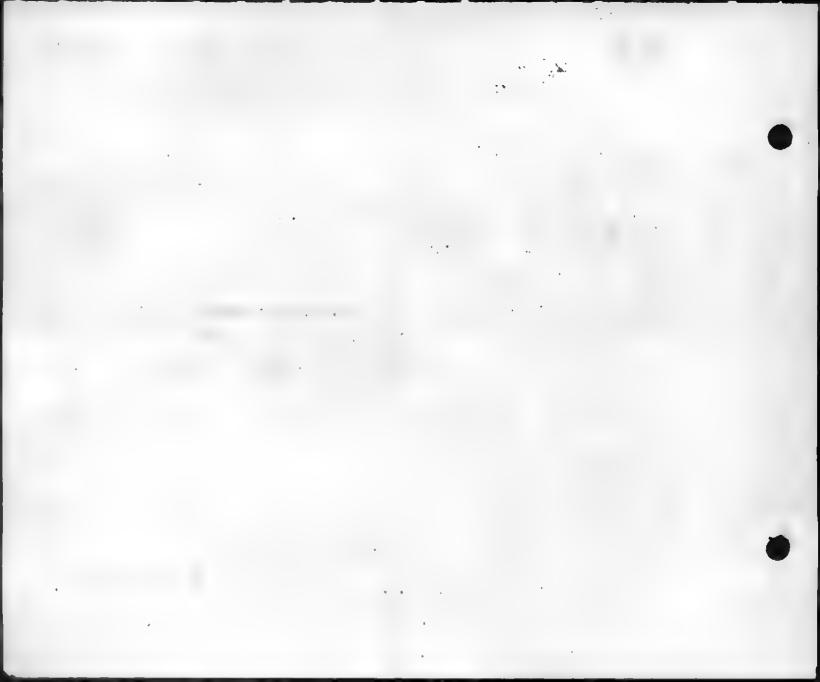


## TO DEPUTY MEL EXAMILER. This certificate should be recuted within 24 fours after leath if any delay cessary, please execute. A certificate, writing the word "bending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR. Fige 3 should be used as a burlal-transit permit, File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1/65 VR ALSME

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	00051	· ·	MEDICAL	EXAMINER'	'S C	ERTIFIC	ATE	OF D	DEATH		10050
1.	PLACE DE BEAT	H			II.		IDENCE	(Where dec			dence before admission)
		All	eganv	MARYLAI		e. STATE		ylan	d b. cour	Allega	ny
	b. CITY OR TOW	/N (If outside corpo	rete limits.	c. LENGTH OF STAY IN	116	c. CITY OR TO	WN (If ou	tside cor	porete limits, wr	Ite RURAL e	nd give nearest town)
	La	Vale		DOA			La V	Tale		1-1	
	d. NAME OF HO	SPITAL OR INSTITUT	TION (If not in hos	pltal, give street edd	ress)	d. STREET ADD	RESS				e. IS RESIDENCE ON A FARM?
L	Sac	red Heart	Hospital			21 1	Natio		Highway		YES ND X
3.	NAME OF DECEASED		First	Middle		Lest	4	DATE OF	Monti	3	Day Year
10	(Type or print)		orge	Andrew	1.6	Martz	711	DEATH	namuat.	y 2	3 19 66 YEAR I FUNDER 24 HRS.
3.	2FY	6. COLOR ON RAC		NEVER MARRIED	3 8.			9.	lest birthday)	Months   D	ays Hours Min.
5 Da	Male	White	WIDOWED		Ma	rch 29	1896		69 yrs.	12 017	IZEN OF WHAT
dur	ing most of what	TION (Give kind of worling life, even if reti	red) INI	ND OF BUSINESS OR DUSTRY	İ		MUE (SIAL	e or three	ga country)	COU	NTRY?
Re	tired Mo	tor Worker	r     Stre	etts Body V	fork	s Maj 14. MOTHER'S	rylan	NAME		T)	S A
	TATURES O TONI										
15	. WAS DECEASED	Martin Ma		OCIAL SECURITY NO. 1	17. 1	Mary El:	izabe	th Ma	arley Addres	53	
(Ye	Yes	(If yes give war or date	es of service)						02. **		
		DEATH CEnter only	one cause per lin	e for (a), (b), and (c).]		s. Marge	aret	Mart	z. 21 Na	r'i Hw	y. La ValeM Interval between
П		EATH WAS CAUSED I	BY:	CORO		OCCLU	SION	, LE	FT		ONSET AND DEATH
	+ 4-1	IMMEDIATE CAUS	SE (0) JE TO					<u> </u>			
П	Conditions, If	eny, which \	(b)	COR	ONAF	Y SCLE	ROSIS	S WIT	H THROME	OSIS	
Н	gave rise to cause (a), s		UE TO	-							
Ш	underlying cau		(c)			- di-Alexan			10.0		
NO.	PART II, OTHER	SIGNIFICANT CONDI	TIONS CONTRIBUT	ING TO DEATH BUT NOT	RELATI	ED TO THE TERM	TINAL DIS	EASE CON	DITION GIVEN IN	PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICAT											YES ND
MEDICAL CERTIFICATION	208. EXTERNA PRIMARY OF CAUSE OF DEA	L CAUSE WAS CONTRIBUTING [] TH.	20b. Di	ESCRIBE HOW INJURY	OCCUR	RED. (Enter nut	ture of In	Jury In Pa	art i or Part il o	of Item 18.)	
CAL		INJURY Month, Day			PLACE	DF INJURY (No.	ome, farm		(City or town)	(Coun	ty) (State)
MED	Hour a.		While at work	Not While at work	1001017	, 51, 400, 011100	Brj oron	<u></u>			
	21. I certif	y that I took char	rge of the rema	ins described above	e, held	an Autopsy [	X, 1	Inspectio	n 🔼, Inqu	iry X,	and in my opinion
	death result	ted from: Natur	ral causes 🔀,	Accident .	Sulci		lomicide		Undetermined	manner [	
	ACTUAL .	12	1.4	Va -1- 1	1	*		XAMINER	_		22. DATE SIGNED
	SIGNATURE	Lened	ich	Related	ic	M.D. ASSISTAL		AL EXAM EXAMINE			
	EXAMINER'S NAME (Type)		SKITARE			Address	(Street, c	city, town	, or county Cull		nd, Md.
238	REMOVAL (Sp	AATION, 23b, DAT	E THEREOF	23c. NAME OF CEM			1	23d. LD	CATION (City, to	own or coun	ty) (State)
24	Burial	Jan 2	26, 1966	Sts. Peter	: & :	Paul's (	Cem	Cur BY REGI	nberland	Md EGISTRAR'S	SIGNATURE
24	1.0	1 211	120 D-14-		2027			CP 1	10.30	1 7 .	vi all et e
	Jours)	· ortaler	OJIEG UCS	Ave., Cum	ogr. F	ariu, raa	IE.	-5	1200	-11	10



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, EDR. IAMES  CERTIFICATE OF DEATH  COUNTY ALLEGANY  D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  CUMBERLAND  2 DAYS  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, EDR. STATE OF DEATH  2. USUAL RESIDENCE (Where deceased a. STATE MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  CUMBERLAND  2 DAYS  LA VALE	00051
D. CITY OR TOWN (if outside corporate limits,   c. LENCTH OF STAY IN 1b   c. CITY OR TOWN (if outside corporate	lived. If institution: Residence before admissio
D. CITY OR TOWN (if outside corporate limits,   c. LENCTH OF STAY IN 1b   c. CITY OR TOWN (if outside corporate	b. COUNTY
D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	ALLEGANY
CIMPECIAND 21 DAYS	te limits, write RURAL and give nearest tow
CUMBERLAND 2 DAYS  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS	e. IS RESIDENC
MEMORIAL HOSPITAL 12 CASH VAL	LEY ROAD YES NO
3. NAME OF DECEASED (Type or print)  S. SEX  G. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  S. SEX  FEMALE  WHITE WIDOWED DIVORCED 10-2-1893  TO ACT OF BIRTH  10-2-1893	Month Day Year
(Type or print)  ANNA LUCILLE MATLICK DEATH  S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACI	JANUARY 30 19 66 E (In years   IF UNDER 1 YEAR, IF UNDER 24 HE
FEMALE   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH last   9. ACT   last   7. MARRIED   DIVORCED   10-2-1893   7.	t birthday) Months Oays Hours Mir 2 yrs.
3. NAME OF DECEASED (Type or print)  3. NAME OF DECEASED (Type or print)  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. ACT DESTRIPTION (Cive kind of work done during most of working life, even if retired)  100. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired)  101. BIRTHPLACE (County & State, or for INDUSTRY)  102. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired)  103. NAME OF DECEASED (Type or print)  104. DATE DEFINED STATE (County & State, or for INDUSTRY)  105. SEX  106. COLOR OR RACE 7. MARRIED NIVER MARRIED 100 (Cive kind of work done during most of working life, even if retired)  107. DATE OF BIRTH 19. ACT DESTRIPTION (Cive kind of work done during most of working life, even if retired)  108. DATE OF BIRTH 19. ACT DESTRIPTION (Cive kind of work done during most of work done during most of working life, even if retired)  108. DATE OF BIRTH 19. ACT DESTRIPTION (Cive kind of work done during most of work done durin	
102. USAL OCCUPATION (Sive kind of workdone of workdon	
13. FATHER'S NAME LOUIS JONES  14. MOTHER'S MAIDEN NAME EMMA VALENTIN	r
LOUIS JONES  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mr. Thomas Mac  (Yes, no, or unknown) ((Ifyes give war or dates of service)	Addrage
	tlick Cash Valley Rd -CUMBERLAND. MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1	I INTERVAL RETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Conquestive Vand Vall	ONSET AND DEATH
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). 1  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Chrunic Conquestive Venn Part II  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)	
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)  PÄRTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	PERFORMED?
Diabute Wellitus Kumieletal Wilson Describe How Injury Occurred. (Enter nature of injury in Part I or 200. Describe How Injury Occurred.)	or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION  TO THE OF INJURY MEDICAL EXAMINER)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION  200. ACCIDENT WAS UNDERLYING TO DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day, Year 200. INJURY OCCURRED 200. PLACE OF INJURY (Home, farm, 20f. (City))	or rune is or required and
(If EITHER, NOTIFY MEDICAL EXAMINER)    Control of Section   Control of	or town) (County) (State)
Hour a m.  p.m.  19 While Not While at work at work	
21. I certify that (i) (this hospital) attended the deceased from 1962, 19 to 1966, and that death occurred at 2:0, from 1966.	30 , 1966, that (I) (we) la
	he causes and on the date stated abov
ATTENDING TO MEDITOR TO	STAFF 1/3//66
PESSON DE LIBERTANA DE LA CANADA	ST., CUMBERLAND, MD
1 NAME (1998) UR. WILLIAM P. IAMES 441 N. CENTRE 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION REMOVAL (Specify)	ION (City, town or county) (State)
DUTCAL 2/2/66 VLON MEMORIAL BURIAY PARE 1 CUM	
5CD 4 4000	R 25b. REGISTRAR'S SICNATURE ACCUMPANCY GUIDAR
VR A15 (4) 20M 1/65  H. Wayne George Cumberland, Md. FAEB 4 1966	



	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIS	TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTII	MORE 1, MARYLANI
00053	CERTIFICATE OF DEATH	0003

0000	<u>U</u>	0=1(11110)1	I O. PHILL	•		
A. PLACE DF DEAT a. COUNTY			a OTATE		I COUNTY	Residence before admission)
	ALLEGANY	MARYLAND	MAN	YLAND	ALL	EGANY
write RURA	VN (if outside corporate limits, and give nearest town) LAND	c. LENGTH OF STAY IN 11		•	Ilmits, write RURAL	and give nearest town)
		16 DAYS	CUMBERLA			. ,
	OSPITAL OR INSTITUTION (if not in	hospital, give street address				e. IS RESIDENCE ON A FARM?
	HEART HOSPITAL		632 SHRI	VER AVE	<u> </u>	YES NO K
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day Year
(Type or print)	ALEXANDE			DEATH	1/4/66	19
5. SEX	6. COLOR OR RACE 7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years   IF UNDER birthday)   Months	1 YEAR IFUNDER 24 HRS Days Hours Min.
MALE	WHITE WIDOWEL		2/10/90	75	yrs.	
duting most of wor		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	county & State, or for	l C	ITIZEN OF WHAT OUNTRY?
		les Lodge Rns				1. S. A.
13. FATHER'S NAI	AE .		14. MOTHER'S MAI	DEN NAME		
	McCrorie		Margare	t Gigson		
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U.S. ARMED FORCES?   16 . (If yes give war or dates of service)		. INFORMANT	Mrs.	Berina McC	rorie
Yes,	(If yes pive war or dates of service) 22	20-10-0121	PATIENT'S CH	ART 632 S	hriver Ave	. Cwnb. Md.
	DEATH [Enter only one cause per		0.0			INTERVAL BETWEEN ONSET AND DEATH
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cartinomel	mis of fer	nes		2 minte
160	A DUE TO		1			
Cenditions, If	any, which } (b)					
gave rise to cause (a),						
underlying cau						
PARTII. OTHER	SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASE CONDITIO	N GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
FICA						YES NO
	WAS UNDERLYING 20b. ING CAUSE OF DEATH OTHER MEDICAL EXAMINER)	DESCRIBE HOW INJURY OC	CURRED. (Enter nature o	f injury in Part I o	or Part II of Item 18	.)
0	INJURY Month, Day, Year   20d.	INJURY OCCURRED   20e. Pl	ACE OF INJURY (Home, f	arm, 20f. (City	or town) (Cor	unty) (State)
Hour a.	.m. 19 While	a Lad until dutie Lad	tory, succet, prince plug.,	510.)		
	fy that (I) (this hospital) attend	ded the deceased from_	12-19-1	965 to /	-4- 196	that (I) (we) last
			at death occurred at	M, from th		
22a. SIGNATU	IRE /	•	477010100			ATE SIGNED
	Meg 1 1122	M M	.D. PHYS.	MED. S DIRECTOR P	HYS.	-4-66
22c. PHYSICI NAME (1		NGS	57 Greene	St. Cumb	erland, Mo	t
23a. BURIAL, CREI	MATION, 23b. DATE THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATIO	ON (City, town or co	unty) (State)
Burlal (Sp		Sunset Memor		Cumbe	rland. Mar	ryland
24. FÜNERAL DIR		ADDRESS		C'D BY REGISTRAR	25b. REGISTRAR	'S SIGNATURE
H. Way	ne George Cumber	land, Maryland	DATAN	7 1966	Acherla	is Judge

1,49



FOR STATE HEALTH DEPT,

Division of STA

00055

TO DEPUTY 14 TOCAL EXAMINER: This certificate should be executed within 24 hours after death. If any very is necessary, please execute the certificate, writing the word "pending" in pending them 18. Give Pages 1.2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 3, may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1.3 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death.

VS. AISME 5M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH YLAND 10054

	301 W. PRESTON STREET, BALTIMORE 1, MAR
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH

PLACE OF DEATH     O. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission)
	Marvland b. COUNTY Allegany
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete I m is, write RURAL and give nearest town)
write RURAL end give nearest town)	
Rural-Lonaconing	Rural-Lonaconing
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
Harpersville	Harpersville
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) RUTH JANE McFa	arlane   OF 1/10/1966 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 19. AGE (In years LIF UNDER 1 YEAR ) IF UNDER 74 HRS.
Female White WIDOWED DIVORCED	7/15/1894   less arthday   Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Slata or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired) HOUSEWIIE	(Ocean) RD. Frostburg, MD. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Wellings	Sarah Yates
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 1 17.	
1 (Vec. be or unknown) (((francoiveness dates of energica))	Paul McFarlane Lonaconing, ND. RD.
	ant meratrane nonacouring, un, un.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) PILLMONAR	Y EMBOLISM, MASSIVE SUDDEN
LGOX DUE TO	T IMPORTOR CODDING
	IONS AND EDEMA OF LOWER YEARS
	EMITIES, DIABETIC
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY
O TAKI II. OTHER SIGNIFICANT CONDITIONS CONTINUED THE BOT NO	#ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY  #ERFORMED?
3	YESA NO 4
R PRIMARY Or CONTRIBUTING	inter nature of Injury In Pert I or Pert II of Item 18.)
	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
Hour e.m.  While Not While st work st work	ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	Id an AutopsyX, Inspection X, Inquiry X, and in my opinion
death resulted from. Natural causes V. Accident . Suici	de . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL BY A SET I	
SIGNATURE DEMECTAL SECTORALIC	M D
NAME (Type) Benedict Skitarelic, Cumber	land Hard Ref. city, town of county) 1/10/1966
220. BURIAL, CREMAT ON. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d, LOCATION (City, town, or country) (State)
REMOVAL (Spec (v)	1221 200111011 (01)) 101111 (11)
Burial   1/13/1966   Memorial Par	
23. FUNERAL DIRECTOR ADDRESS	246 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
GEORGE EICHHORN Lonaconing,	MD. I JAN 13 1966 frances Judge



1

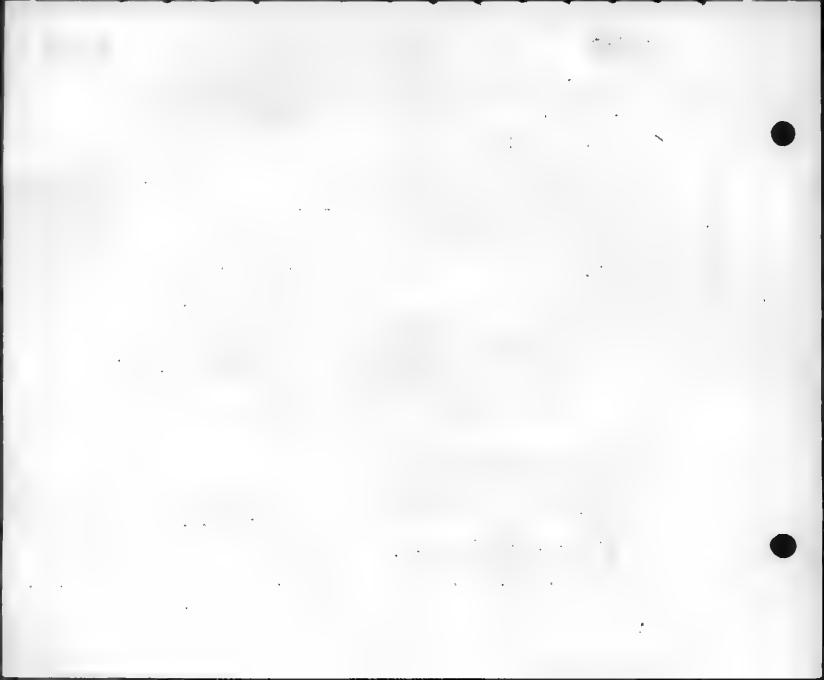
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tweetal director, page 3 should be detached for use as the burial-transit permit. There are seen carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exacuted within 24 haurs after meath. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	00056	;		CERTIFIC	ATI	E OF DEATH	1		1)	no!	55	
I.	PLACE OF DEATI	Н				2. USUAL RESIDEN	CE (Where dec			sidence	before adm	(ssion)
		ALT, EGAN		MARYLA			RYLAND	p. con	ALI	LEGA		
	b. CITY OR TOW write RURAL	N (if outside corporat and give nearest tow	te limits, /n)	C. LENCTH OF STAY I	N 1b	c. CITY OR TOWN (H	f outside corp	oorate limits, wri	te RURAL a	and give	nearest	town)
_	CUMBERT	AND		13 DAYS		CUMBERI		. 1	- /		10 000	
				ospitel, give street add	iress)	d. STREET ADDRESS ROUTE L		1		0.	IS RESID	RM?
=	NAME OF	EART HOSPI		241241								10 X
	(Type or print)	JOH	rst N	J.	MI	Last LKOWSKI	4. DATE OF DEATH	Januar,		Day 27	Year 19	56
5.	SEX		7. MARRIED	NEVER MARRIED	□   <sup>8</sup>	, OATE OF BIRTH	9.	ACE (In years   last birthday)	FUNCER 1	YEAR I	FUNDER 2	4 HRS. Min.
ļ.,	MALE	WHITE	WIDOWED	DIVORCED			L897	OD yrs.				MHH.
		ION (Cive kind of work ing life, even if retire	done   10b. K d)   !!	IND OF BUSINESS OR YDUŞTRY		11. BIRTHPLACE (C		or foreign country)	12. CIT	rizen o Untry? S.A	F WHAT	
	etired C		F	Railroad		Eckhart	-		US	SA		
13						14. MOTHER'S MAIO		m 2 1				
16		idrew Milko Everinu, S. ARMEDFO		SOCIAL SECURITY NO.	1 12	Kat	cherine	Tylock				
(Y	es, no, or unkown)	(If yes give war or dates o	f service)				ALVENUE .	Address	5			
-	no	DEATH (Feter only on	9	5-05-4563	1	PATIENT'S C	HARL			INTER	VAL OFFI	UCEN.
			-	ine for (a), (b), end (c).	_				į	ONSE	VAL BETV	
	4 .	IMMEDIATE CAUSE	(a) Subou	ral hemorrh	age	and nemato	ma			J.W	eeks	
	Cenditions, If	any which \				-37-773-4-	L L 5					
	gave rise to	immediate		wn causes;				injury				
	cause (a), st underlying caus	tading the	(0)	during an A	am	s-otokes at	tack					
NON			ONS CONTRIBU	IT INC TO DEATH BUT NO	TRELA	TEO TO THE TERMINAL	DISEASE CONC	DITION GIVEN IN P	ART 1(a)	19.	WAS AUT	OPSY
CAT	Cardiac	enlargemen	nt: rec	ent (Nov 19	65)	congestive	Sailm	e & infa	arctic		PERFORM	
CERTIFICATION	20a, ACCIDENT	WAS UNDERLYING	1 20b. D	ESCRIBE HOW INJURY							LED	لجا
	(IF EITHER, NO	ING CAUSE OF OEAT TIFY MEDICAL EXAMIN	NER)									
CAL		INJURY Month, Day,	Year   20d. If	NJURY OCCURRED   20	e. PLAC	E OF INJURY (Home, fay, street, office bldg., e	arm, 20f. (	City or town)	(Coun	ity)	(Sta	ite)
MEDICAL	Hour a.n p.n		While at work	Not While	100101	At set sect outcomoget s	(6.)					
	21. I certif	y that (I) (this hosp	ital) attende	ed the deceased fro	m_N	ovember , 1	9 <b>.65_</b> , to.	Jan. 27.	_, 19€	tha کِمُ	t (I) (we	) last
			muary.	26, 19 65, and	d that	death occurred at	2:45%, fro	m the causes a				bove.
	22a. SICNATUR	" A	1			ATTENDING -	AM.	STAFF -	22b. DA			
	22G. PHYSICIA	many 9	C) Sans	my fr	M.D.	PHYS.	DIRECTOR	PHYS.	Janus	ry	28,19	265_
	22G. PHYSICIA	(pe)	Boompo	n In M.D			achanie	C+ Com	nhaw] e	ha	wd	
238	. BURIAL, CREM	IATION I 23b. DATE I		r Jr M.D.				St., Cur			(Stat	e)
	Burial (Spe	Jan.29	1966	St. Mary		4		berland,				
	. FUNERAL OIRE	CTOR		St. Mary's	i.Lif	emetery. RE	C'O BY REGIS	TRAR   25b. RE	GISTRAR'S	ŞÍCNA	TURE	
,	James F.	Scarpelli	., Cumb	erland, Md	•	DATE	FB I	1966	í	(	1 6	

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MARYLAND STATE DEPARTMENT OF HEALTH



Page 4 may be retained by the hospital or attending physician.

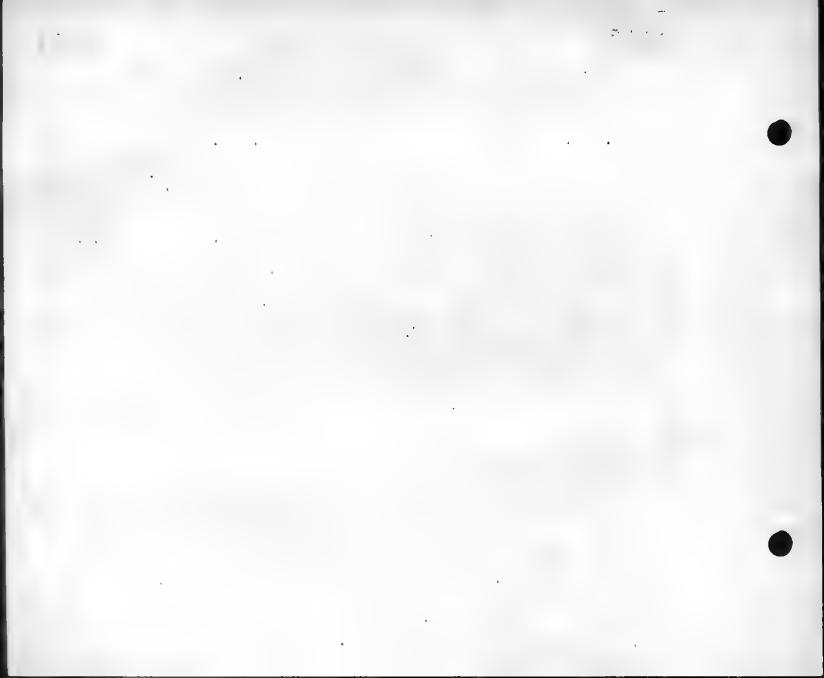
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICINE The law requires that the death mertificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH  ()()()5		MARYLAND STATE DEPARTMENT OF HEALTH	
00058 CERTIFICATE OF DEATH 0005	DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
	00058	CERTIFICATE OF DEATH	0005

1. PLACE OF DEATH		- 11	2. USUAL RESID	ENCE (When	deceased lived, If	Institution: Re	esidence before admission)
a. county Allegany	SA Brown BI		a. STATE	Md.	5. CO	UNTYALL	n;r
	MARYLAN ate limits.   c. LENGTH OF STAY IN		c. CITY OR TOWN	(If outside	corporate limits.	write RURAL	and give nearest town)
b. CITY OR TOWN (If outside corpora write RURAL and give nearest to		injort			, ,		
d. NAME OF HOSPITAL OR INSTITUTI	ON (if not in hospital, give street add	ress)	d. STREET ADDRE	SS		-	8. IS RESIDENCE
419 Md. Ave.			419 1	Id. Ave			ON A FARM? YES NO 2
3. NAME OF F	Irst Middle		Last	4. DA		nth	Day Year
(Type or print) Anns.	Rhea	N1	land		ATH Jap		19 6
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8	. DATE OF BIRTH		9. AGE (in year	IF UNDER	Days Hours   Min.
Fe ala Wit.	WIDOWED C DIVORCED		1, ril 18,	1001	74 yrs.		
10a. USUAL OCCUPATION (Give kind of world	kdone 10b. KIND OF BUSINESS OR		11. BIRTHPLACE	(County & S	tate, er foreign cour	try) 12. Ci	TIZEN OF WHAT
during most of working life, even if retire	ed) INDUSTRY OWn home		Alleg	gany-Mo	1.	U.S	S.A
13. FATHER'S NAME	1		14. MOTHER'S N	IAIDEN NAM	E		
James A. Dixon			Ida C.	Baker	c		
15. WAS DECEASED EVER IN U.S. ARMED F (Yes, no, or unkown)   (If yes give war or dates	ORCES?   16. SOCIAL SECURITY NO.	17.	INFORMANT		Add	ress	
110	oi savice)	Cat	therine Ni	iland-V	Vesternpo	rt	
18. CAUSE OF DEATH [Enter only o	ne cause per line for (a), (b), and (c), ]						INTERVAL BETWEEN
PART I. DEATH WAS CAUSED B	You feet Fail	بسره	-4				2 Week
	7						/
Conditions, If any, which \	10 Chemic						month
gave rise to immediate	(b) 6 10 6 1	-		-			/
cause (a), stating the underlying cause last.	(c) Replintes						6 months
	IONS CONTRIBUTING TO DEATH BUT NOT	RELAT	ED TO THE TERMIN	IAL DISEASE	CONDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY
CAT							PERFORMED?
20a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY	OCCU	RRED. (Enter natur	e of Injury I	n Part I or Part I	l of Item 18.	)
PART II. OTHER SIGNIFICANT CONDIT	ATH INER)						
20c. TIME OF INJURY Month, Day, Hour a.m. p.m. 19	,	Factor	E OF INJURY (Homy, street, office bid		if. (City or town)	(Cou	inty) (State)
Hour a.m.	Wille Not while	140101	3,00,000,000,000	5,10,00,7			
	spital) attended the deceased from	n L	las	196	to 1-9-	196	6. that (1) (me) last
saw the deceased alive on		, , ·	death occurred	at AM	, from the caus	es and on ti	he date stated above.
22a. SIGNATURE	1 /20		(				ATE SIGNED
William	(1) Leal	M.D.	ATTENDING PHYS.	MED.	R STAFF	1/10	-66
22c. PHYSICIAN'S	W V 1		22d. ADDRES	S			
NAME (Type) William	n W. Lesh		- W	stern	port, Md.		
23a. BURIAL, CREMATION, 23b. DATE		ETERY	OR CREMATORY	23d.	LOCATION (City	, town or cou	
REMOVAL (Specify) 1/12/		8			i stann	ort.	Md.
24. FUNERAL DIRECTOR	Westernport,	7/14	25a.	REC'D BY R	- /		S SIGNATURE
C-1. 131 a		11.74	DATE	AN 13	1966	reliante	y judge.



befexecuted within 24 hours after death.

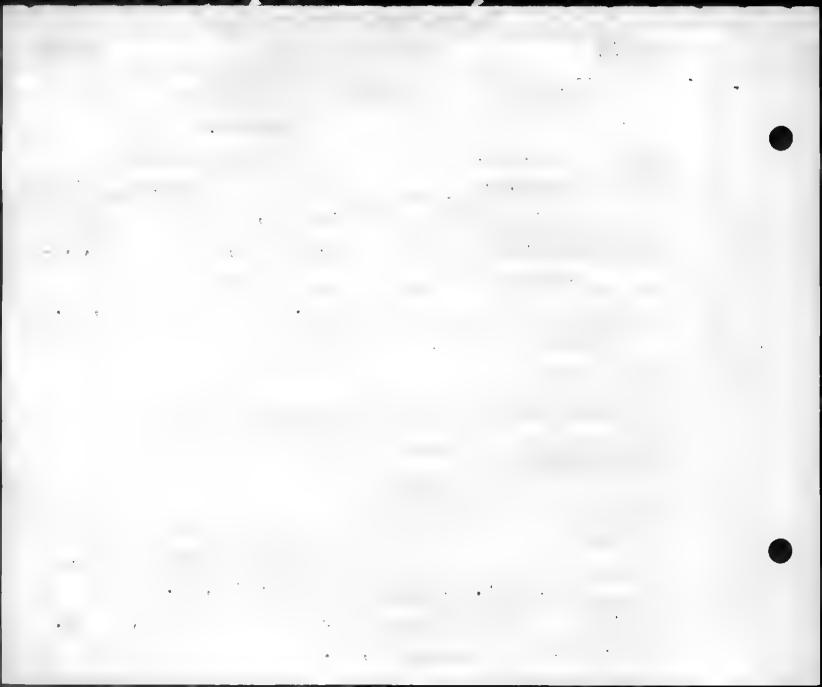
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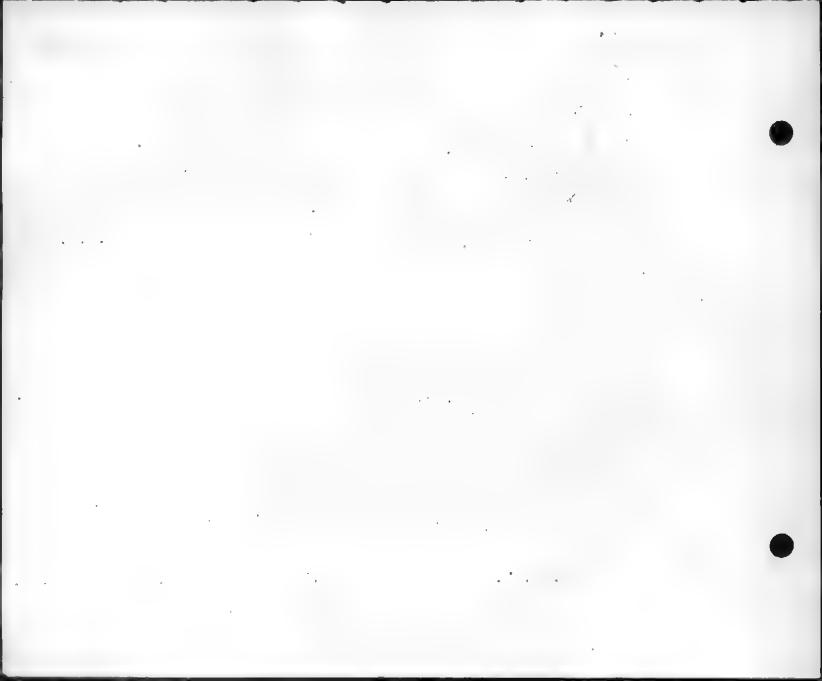
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

UUUDY CERTIFICAT	E OF DEATH
1. PLACE DF DEATH	1 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY Allegany MARYLAND	a. STATE Maryland b. COUNTY Allegany
	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	6. CITT ON TOWN (II OUTSIDE SUIPOTATE HINES, WINTO HORNER SINE BIRE HOSTORIA
Lonaconing	Lonaconing
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?
63 East Main Street	63 East Main Street YES NO
3. NAME OF First Middle	Last 14. DATE Month Day Year
DECEASED	DF TO CO
A LEVERINET	Patton   DEATH January 12 19 66 8. DATE OF BIRTH   9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.
7. MARKIED X MEYER MARKIED	last birthday) Months   Days   Hours   Min.
	August 15,1906 59 yrs.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
County Home Employee	Lonaconing, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alexander Patton	Ella Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17.	INFORMANT Address
(Yes, no. or unknown) ((If yes nive war or dates of service)	
	SON <sup>11</sup> INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (2) LCUTE COLS	nary Gedusien 1/2 hr.
7 201 DUE TO	
Conditions, if any, which (b)	
gave rise to immediate (	
cause (a), stating the	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REI	PERFORMED?
	YES NO
20a. ACC IDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCC   OR CONTRIBUTING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCC   IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
TO I to all	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
Hour a.m.    While   Not While   raci	ory, street, oniconing., etc.)
21. I certify that (I) (this hospital) attended the deceased from	. 19 2 6 to Jan 12, 19 66, that (1) (we) last
	at death occurred at 7 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
	ATTENDING STAFF
22c, PHYSICIAN'S	D. PHYS. MI DIRECTOR 1 PHYS. 113/1966
NAME (Type) Leslie R. Miles	Lonaconing, MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	
Burial 1/15/1966 Memorial	Park Frostburg Me.
24. FUNERAL DIRECTOR ADDRESS	
George Eichhorn Lonaconing,	Md. DATEN 14 1966 Circules Junge

VR A15 (4) 20M 1/65

TO MOUNTAL



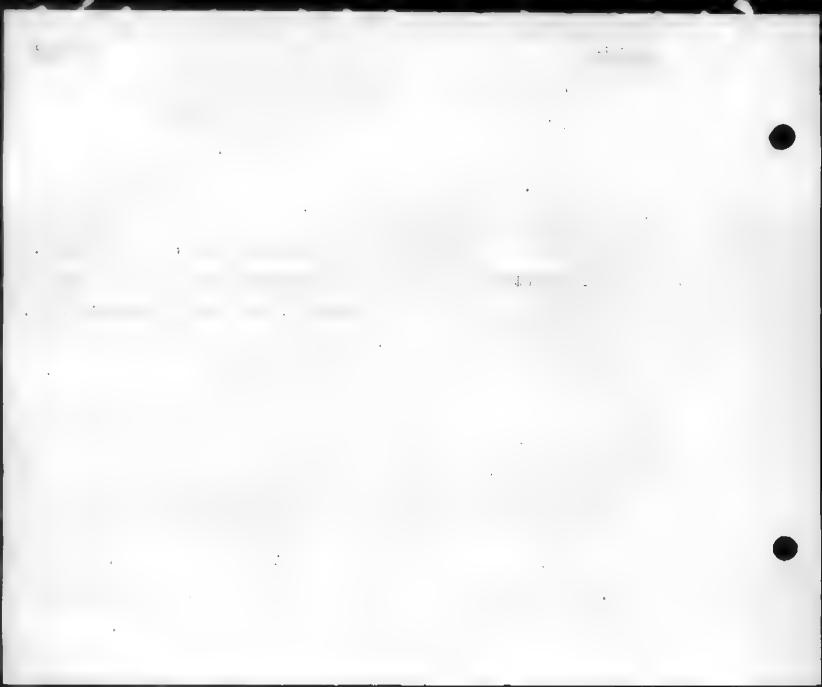




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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

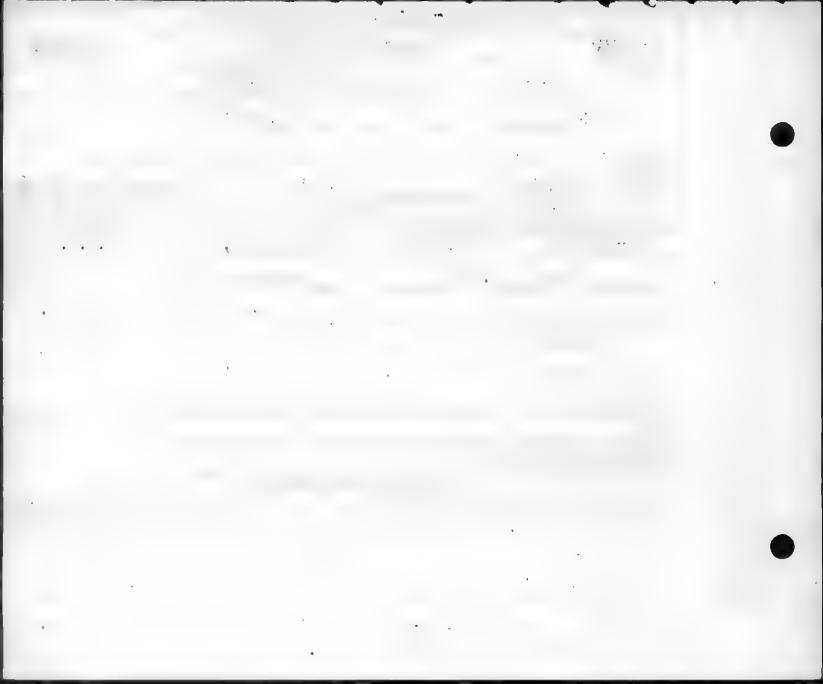
1_	191982 CERTIFICAT	E OF DEATH
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
	a. COUNTY EGANY	*. STATE MARYLAND D. COUNTY ALLEGANY
	MAKTLAND	MARYLAND ALLEGANY  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town)	CUMBERLAND / /
_	COMBEREAND	` · · · · · · · · · · · · · · · · · · ·
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	MEMORIAL HOSPITAL	9 RACE ST.
3.	NAME DF First Middle	Last 14 DATE Month Day Year
"	(Type or print) MRS. MARGARET PLUMMER	DEATH JAN. 16 19 66
5.		8. DATE OF BIRTH 19. AGE (In years LIFUNDER 1 YEAR) FUNDER 24 HR
	F WHITE / MARKED !	3/8/16 Hand birthday) Months Days Hours Min.
10	Ia. USUAL DCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
du	uring most of working life, even if retired) INDUSTRY	COUNTRY?
	Housewife Own Home	ALLEGANY CO. MARYLAND U S A.
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	RUSSELL BENFORD Bedford	DANBY-THERESA -Catherine Danahy
1	5. WAS DECFASED EVER IN U.S. ARMED FORCES? 1 16. SDCIAL SECURITYNO. 1 17.	INFORMANT Address
l'i	(es, no, or unkown) (If yes give war or dates of service)	EMORIAL HOSPITAL,, CUMBERLAND, MD.
	18. CAUSE DF BEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	3 1 X SUIT TO	fallund - It llong
	DUE TO DI -	++
	Conditions, If any, which	voilhoud- 404/22
	gave rise to immediate ( cause (a), stating the DUE TO	
	underlying cause last. (c)	
S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
CERTIFICATION	Franking and the	PERFORMED? YES NO IX
	20a ACCIDENT WAS INVICED VINCE TO 1 20b DESCRIBE HOW INVIDED OCC	JRRED, (Epter nature of injury in Part I or Part II of Item 18.)
ERT	2Da. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCUOR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	A CONTROL OF MIGHT WE PARE TO CE PARE IT OF SCORE 2007
	4-7 1. 1. 1. 1.	1 rome
S	2Dc. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Hour a.m. /2 / 2 / 19 65 at work at work	forms. Combilined lell. Hi
	21. I certify that (I) (this hospital) attended the deceased from	2000 1965 to 16 10m, 1966, that (1) (we) las
		t death occurred at 1 2 Motom the causes and on the date stated above
	22a. SIGNATURE	22b. DATE SIGNED
1	Kuhm t Torthe M.	D. ATTENDING MED. STAFF DIRECTOR DIRECTOR DIVING
1	22c. PHYSICIAN'S	22d. ADDRESS
	DR. ROBERT FEDDIS	500 GREENE ST. CUMBERLAND MD.
22	1 UR. ROBERT FEDDIS  3a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	
23	REMOVAL (Soecify)	
1	Burial Jan.19,1966 Hillcrest Bu	
1.	4. FUNERAL DIRECTOR ADDRESS	1 1 1 1 0 C 40 CC   W/ 4 mm/4 . Vise dall
, U	ames F. Scarpelli, Cumberland, Md.	DATEN 26 1966



THE MOSPITAL OR ATTENDING PHYSICAN: The law requires that the denth cartificata be exampled within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

() () 62

	U						(10)	
1. PLACE DF D a. COUNTY	EATH				SIDENCE (Where dec	eased lived, If institu	tion: Residence before	e admission)
a. 000KTT	Allegany		MARYLAND	a. STATE	Maryland	b. COUNTY	Allega	ny
b. CITY OR	TOWN (if outside corporate	limits,   c. Li	ENGTH OF STAY IN 1	c. CITY OR TO		orate limits, write		
	RAL and give nearest town)			To	naconing	*	1	
d. NAME OF	HOSPITAL OR INSTITUTION	(if not in hospita	l, give street address			<u> </u>		RESIDENCE
		_			da Chara			A FARM?
3. NAME DE	ners Hospita		n = 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		in Stree	Month	Day	Year Year
DECEASED	Firs	τ	Middle	Last	DF		0.000	
(Type or pr				Rankin 8. DATE OF BIR	TH 19.	o anuar	ONDER I YEAR HEUN	DER 24 5
			IEVER MARRIED			last hirthday) Mo	nths Days Hou	
F'emale	White	WIDOWED	DIVORCED	January	18,1898	O'/ yrs.	10 0171750 05 00	Ja T
during most of	JPATION (Give kind of work do vorking life, even if retired)	INDUST	F BUSINESS OR RY		ICE (County & State,	er toreign country)	12. CITIZEN OF WE	181
Нов		Own	Home		Fork,	Pa	U.S.A.	
13. FATHER'S	NAME			14. MOTHER"	MAIDEN NAME			
	Charles	W. Hoffa	l	Ma	rgaret 1	Coung		
	SED EVER IN U.S. ARMED FOR (		L SECURITY NO.   17	. INFORMANT		Address		
(1 63, 110, 65 61180	(11)C3 Bite was of parceles	2,11027	W	illiam R	ankin	Lonaco	oning. M	d.
18. CAUSE	DF DEATH [Enter only one	cause per line for					INTERVAL	BETWEEN
	I. DEATH WAS CAUSED BY:	S' L.	LA A A A A	100	21221	100	ONSET AN	AA IS
2	IMMEDIATE CAUSE (a		i provide	N. V.	- 1			1
Conditions	If any, which )	10	C	1: 21	· nata	611.04	10 4	LONIA
gave rise	to immediate		NOZOWA	المر الم	granto	26 4		-
cause (a), underlying	stating the DUE To				4			
	ER SIGNIFICANT CONDITION		TO DEATH BUT NOT BE	LATED TO THE TERM	NINAL DISEASE CONT	DITION GIVEN IN PAR	RT I(a)   119. WAS	AUTOPSY
PART II, OTI	ILIK GIGHTI I OMILI O GINDI I I III		TO VENTIL DO ( NO ) KE	Ditto io int i tito	THE DIOL OF THE	ALTERNATION OF COLUMN	YES T	FORMED?
202 40010	ENT WAS LINDEDLYING	I 20b. DESCR	IBE HOW INJURY OC	CHERED /Cator no	ture of Indusy in Pa	et Los Part II of It		NO M
OR CONTRI	ENT WAS UNDERLYING ABOUTING CAUSE OF DEATH		IDE HOW INJURY OF	CURRED. (EIITEI 114	tore or injury in ra	It to rait it of it	en to.,	
	NOTIFY MEDICAL EXAMINE					A1.	(0, )	(MARAN)
C)	OF INJURY Month, Day, Ye a.m.		fau	LACE OF INJURY (H tory, street, office t	ome, tarm,   20t. ( ildg., etc.)	(City or town)	(County)	(State)
MEG	p.m. 19		lot While at work					
21. I c	ertify that (I) (this hospil	tal) attended th	e deceased from		, 19.5 7, to	Jon 17,	19 6 , that (1)	(we) last
saw the	deceased alive on	n. 16	_19 (a.c., and the	at death occurre	d at 5 A.M. fro	m the causes an	d on the date sta	ted above.
22a. SIGN	ATURE O	-	_ ^			_	Zb. DATE SIGNED	,
	Flow	Sus 7	ma)	ATTENDING I.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	1.17.6	0
	E (Type) D		100	22d, ADDR	ESS	+	1001	
NAME OF THE PROPERTY OF THE PR	E (13he)/ 1 / / / /	アドフ *	16 Mi	)	Jona	Lonen	1 NC	
23a. BURIAL, (	REMATION, 23b. DATE TH	IEREOF   23c	NAME OF CEMETE	RY OR CREMATORY	23d. LO	CATION (City, town	or county)	(State)
	(Specify)	166 Er	nethung	Memorial	Park	Frostha	re M	d
24. FUNERAL	DIRECTOR -/	باب باب	osthurg ADDRESS	25	REC'D BY REGIS	Frostbu	STHAR'S SIGNATUR	E
Geor	ge Eichhorn	Lo	naconing	. Md. ph	IAN 19 19	166 ,777	mer yeda	E

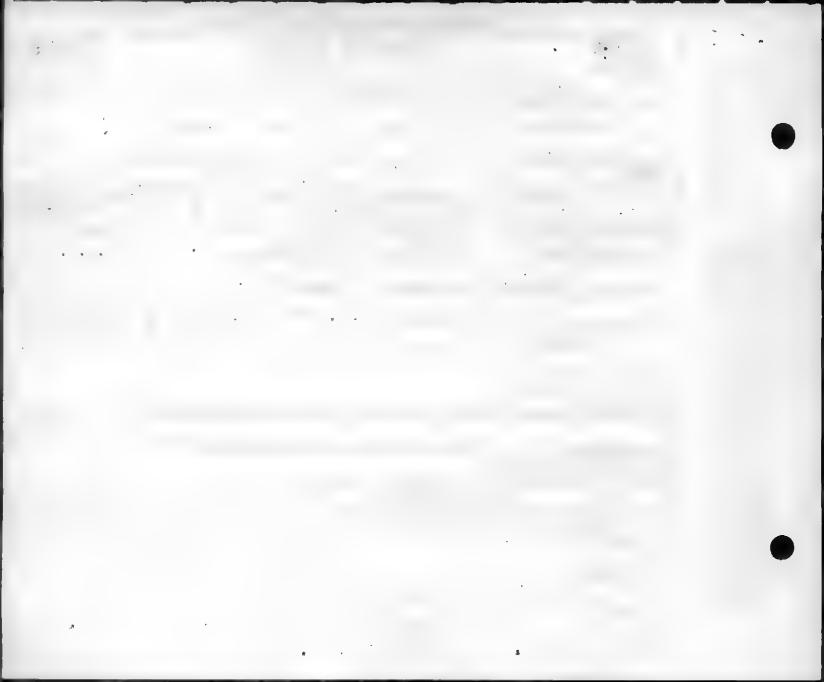


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VR A15 (4) 20M 1/65

1			S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	2.6
2	1	00064 CERTIFICATI	E OF DEATH UU05	3
١	1.	PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before add	mission)
ı		Allegany MARYLAND	a. STATE Maryland b. COUNTY Allegany	7
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest	t town)
١		Lonaconing	Lonaconing 0//	DENA
ı		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 9. IS RESI	ARM?
1		State Street	" DOGGE DOLCED	NO he
-	3.	NAME OF FIRST Middle DECEASED	Last 4. DATE Month Day Year	
1	5.	(Type or print) Nellie	Rankin BEATH January 26 19	66
1	_	7. MARKIES TREVER MARKIES	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 1 AGE   last birthday)   Months   Days   Hours	Min.
١			JUNE 21, 1893   72 yrs.	
1	dur	. USUAL DCCUPATION (Give kind of work done ing most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	COUNTRY?	
	13.	House Wife	LONACONING, MD. U.S.A.	
1	13.			
1	- 5	John Thomas	Ora Thomas  INFORMANT Address	
1	(Ye	s, no, or unkown) (If yes give war or dates of service)		7.A
	_	No None Mr	s.John Skockev	ld.
1		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	(Daughter) INTERVAL BET ONSET AND D	
		PART I. DEATH WAS CAUSED BY: Myocar dial	Dachemia Z das	yc_
1		TEN DUE TO 1-1	7.1	a
1		gave rise to immediate (b)	CV Diserve game	7
9		cause (a), stating the OUE TO		
	Z.	underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AU	TOPSY
	ATIC	TAXT II. OTREK STORIF TOART CORDITIONS CONTRIBUTING TO DEXTH BUTNOT RELA	PERFORI	MED?
	읦	202 ACCIDENT WAS INDEED VING 1 20b DESCRIBE HOW INTIREY OCCI.	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)	un M
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [] 20b. OESCRIBE HOW INJURY OCCUOR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SHELD (MILE NOME OF HIJES) IN THE LOT LOT IN THE TANK AND	
	CAL	ft-		tate)
	MEDICAL	Hour a.m. While Not While	ory, street, office bldg., etc.)	
		21. I certify that (I) (this hospital) attended the deceased from	195 7 to Sen. 26, 1966, that (1) (w	ve) last
		saw the deceased alive on 15 19 66, and that	at death occurred at 40 M, from the causes and on the date stated	above.
	Ш	22a. SIGNATURE	ATTENOING MED. STAFF 1/22b. DATE SIGNED	
	П	Flander (M) M.C	O. PHYS. OIRECTOR PHYS.	
		22c. PHYSICIAN'S NAME (Type) L. R. MILES VR. M.D.	LONACONING MD	_~ =
	23a	BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	Y OR CREMATORY 23d. LOCATION (City, town or county) (Sta	ate)
		Burial CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Burial 1/29/66 Laurel Hil		
1		FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	4.
,	_	George Eichhorn Lonaconing	s, Md. DATE _B 1 1966 , TO A	

MARYLAND STATE DEPARTMENT OF HEALTH



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TO HOSPITAL DR ATTENDING PHYSICIAN: The law remuires that tille death certificate be executed within 24 llours willer lleath.

Page 4 may be retained by the hospital or attending physician.

MADVIAND STATE DEDARTMENT OF DEALTH 00065

MARTEMED STATE DEFARINGERT OF BEALTH	
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
CERTIFICATE OF DEATH	00064

PLACE OF DEATH     a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
ALLEGANY MARYLAND	* WARYLAND b. COUNTYALLEGANY
b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)  CUMBERLAND  2 DAYS	CUMBERLAND 5/ 6/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  9. IS RESIDENCE ON A FARM?
MEMORIAL HOSPITAL	RT.#2, WILLIAMS ROAD YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) GEORGE E. RAV	ENSCROFT BEATH JANUARY 17 1966
	3. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.
MALE WHITE WIDOWED DIVORCED	12-18-1909 56 yrs.
102. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Fireman Railroad	KEYSER, W.VA. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
COLUMBUS RAVENSCROFT	NWN ERVIN (Annie)
(Vac me an unhaum) . (15 year nine was an dates of coming)	INFORMANT Address
	MEMORIAL HOSPITAL, CUMBERLAND, MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	/ 1 INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) / Lemono tragge	That ONSET AND DEATH
DUE TO OC	
Conditions, If any, which } (b) Bleeding & p.	physical Varies
gave rise to immediate	
cause (a), stating the DUE 10 Meganic. (c)	entres
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOTRELA  2Da. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO
2Da. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ZDC. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLAG	CE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State)
S   Mulle   Mot walle	ry, street, office bldg., etc.)
p.m. 19   at work     at work     21.   I certify that (I) (this hospital) attended the deceased from	1/14 1966 to 1/17 1966 that (f) (we) last
saw the deceased alive on 1964, and that	death occurred at 20 R. From the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Les Item St. M.D	ATTENDING DIRECTOR PHYS. 1/18/66
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) LEO H. LEY	456 N. CENTRE ST., CUMBERLAND, MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial (Specify) Jan. 20, 1966 Sunset Memo	rial Park Cumberland, Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
James F. Scarpelli, Cumberland, Md.	parter ? : or and not why Judge



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicacand completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. executed within TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificates Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
COOSE

CERTIFICATE OF DEATH

L. FLEE OF BEATH  2. CUMB CRIAND  ALLEGANY  MARYLAND  D. CITY OF TOWN (IT Outside corporate limits, CLENGTH OF STAY IN 10 PC CUMB CRIAND COUNTY OR TOWN (IT Outside corporate limits, write RURAL and give nearest town)  CUMB CRIAND  G. NAME OF DESPITAL OR INSTITUTION (it not in in bospital, give stroset address)  G. NAME OF DESPITAL OR INSTITUTION (it not in bospital, give stroset address)  MEMORIAL HSOPI TAL  SEX G. COLOR OR RADE [7, MARRIED & INSTITUTION (it not in bospital)  SEX G. COLOR OR RADE [7, MARRIED & INSTITUTION (it not in bospital)  B. SEX G. COLOR OR RADE [7, MARRIED & INSTITUTION (it not in bospital)  B. SEX G. COLOR OR RADE [7, MARRIED & INSTITUTION (it not in bospital)  B. SEX G. COLOR OR RADE [7, MARRIED & INSTITUTION (it not in bospital)  B. SEX G. COLOR OR RADE [7, MARRIED & INSTITUTION (it not in bospital)  B. SEX G. COLOR OR RADE [7, MARRIED & INSTITUTION (it not in bospital)  B. SEX G. COLOR OR RADE [7, MARRIED & INSTITUTION (it not in bospital)  B. SEX G. COLOR OR RADE [7, MARRIED & INSTITUTION (it not in bospital)  B. SEX G. COLOR OR RADE [7, MARRIED & INSTITUTION (it not in bospital)  B. SEX G. COLOR OR RADE [7, MARRIED & INSTITUTION (it not in bospital)  B. SEX G. COLOR OR RADE [7, MARRIED & INSTITUTION (it not in bospital)  B. SEX G. COLOR OR RADE [7, MARRIED & INSTITUTION (it not in bospital)  B. SEX G. COLOR OR RADE [7, MARRIED & INSTITUTION (it not in bospital)  B. SEX G. COLOR OR RADE [7, MARRIED & INSTITUTION (it not in bospital)  B. SEX G. COLOR OR RADE [7, MARRIED & INSTITUTION (it not in bospital)  B. SEX G. COLOR OR RADE [7, MARRIED & INSTITUTION (it not in bospital)  B. SEX G. COLOR OR RADE [7, MARRIED & INSTITUTION (it not in bospital)  B. SEX G. COLOR OR RADE [7, MARRIED & INSTITUTION (it not in bospital)  B. SEX G. COLOR OR RADE [7, MARRIED & INSTITUTION (it not in bospital)  B. SEX G. COLOR OR RADE [7, MARRIED & INSTITUTION (it not in bospital)  B. SEX G. COLOR OR RADE [7, MARRIED & INSTITUTION (it not in bospital)  B. SEX G. COLOR OR RADE [7, MARRIED & INSTITUTION (it no		
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D. LIFE OR DOWN CID outside corporate limits.  CLENGTH OF STAY IN 18  CYMBERLAND  CHMBERLAND  Day Year  BEATT AND 29  19 66  SEX  6. COLOR OR RACE   MANRIED   NEVER MARRIED   1/2/15  SEX  FEMALLE  WHITE WIDOWED   OVORGED   O		ALLEGANY
CUMBERLAND  d. HAMBOR IN A STREET ADDRESS  MEMORIAL HSOPITAL  3. MANAE DE BECASE (N. )  ELIZABETH RICHARDSON  INTERPLATION DAY YEAR  INTERPLATION DAY WORTH DAY WORTH RICHARDSON  INTERPLATION ST.  VYES MASSELLATOR SOUTH VAN AND SALE AN	b. CITY OR IDWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	MARTEAUX
MEMORIAL HSOPITAL  224 WASHINGTON ST.  YES NO IN ORDINATION ST.  PAST   ADMED OF DEEPERSED (Type or print)   S. DATE OF BIRTH	CUMBERLAND 26DAYS	CUMBERLAND , ,
MEMORIAL HSOPITAL    224 WASHINGTON ST.   Yes   No   No   No   No   No   No   No   N	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  9. IS RESIDENCE ON A FARM?
BECASED (Type or print)  ELIZABETH RICHARDSON  BEATH JAN 29  SEX  G. COLOR OR RACE   7. MARRIED NEVER MARRIED NO NEW MARRIED NO NEVER MARRIED	MEMORIAL HSOPITAL	224 WASHINGTON ST. YES NO NO
SEX 6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years) IF UNDER 24HS   BUILDER 24HS   BUILDE	nercasen	DF
The subsection of the properties of the proper	5 SEX   G. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. ACE (In years   IF UNDER 1 YEAR) IF UNDER 24 HRS.
during most of working life, even if retired)    NODSTRY   CACACLE   COUNTRY	FEMALE WHITE WIDOWED OIVORCED	1/12/15 51 yrs.
TRACTION  TATHER'S NAME  FREDERICK GOULD  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, p., or unknown) (Uffyes give war or dates of service)  TO7-12-9731  16. SOCIAL SECURITYNO. 707-12-9731  MRMORIAL HOSPITAL, CUMBERLAND, MD. S.t. (Yes, p., or unknown) (Uffyes give war or dates of service)  TO7-12-9731  18. CAUSE DF DEATH (Enter only one couse per jige for (a), (b), and (c). I  PART I. DEATH WAS CAUSED BY:  JAMEDIATE CAUSE (8)  DUE TO  CONDITIONS (18 any, which gave rise to immediate cause (a), stating the underlying cause last. (c)  DUE TO  CONDITIONS CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1 (c)  TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1 (c)  TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1 (c)  TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTEY MIGOLAL EXAMINER)  200. TIME DE INJURY Month, Day, Year Hour a.m.  PM. D. 19 altwork at a work  To Conditions, I and the date stated above.  21. I Certify that (1) (this hospital) attended the deceased from AUC (19 to 19 to 1	1Da. USUAL OCCUPATION (Cive kind of work done   1Db. KIND DF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
FRIBERICK GOULD  15. WAS DEERS DE EVER IN U.S. ARMED FORCES? (Ves., pp., or unknown) (Uf yes give war or dates of service)  16. SOLIAL SECURITY NO.  17. INFORMANT TO 7-12-9731 MRMORIAL HOSPITAL, CUMBERLAND, MD. S. T. INFORMANT TO 7-12-9731 MRMORIAL HOSPITAL, CUMBERLAND, MD. S. T. INFORMANT TO 7-12-9731 MRMORIAL HOSPITAL, CUMBERLAND, MD. S. T. INFORMANT TO 7-12-9731 MRMORIAL HOSPITAL, CUMBERLAND, MD. S. T. INFORMANT TO 7-12-9731 MRMORIAL HOSPITAL, CUMBERLAND, MD. S. T. INFORMANT TO 7-12-9731 MRMORIAL HOSPITAL, CUMBERLAND, MD. S. T. INFORMANT TO 7-12-9731 MRMORIAL HOSPITAL, CUMBERLAND, MD. S. T. INFORMANT TO 7-12-9731 MRMORIAL HOSPITAL, CUMBERLAND, MD. S. T. INFORMANT TO 7-12-9731 MRMORIAL HOSPITAL, CUMBERLAND, MD. S. T. INFORMANT TO 7-12-9731 MRMORIAL HOSPITAL, CUMBERLAND, MD. S. T. INFORMANT TO 7-12-9731 MRMORIAL TO 7-12-973	Teacher Education	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, m. or unknown) (Hyer Dive war or date of Service)  707-12-9731 MRMORIAL HOSPITAL, CUMBERLAND, MD. St.  18. CAUSE OF DEATH (Enter only one cause per lips for (a), (b), and (c). 1  PART I. DEATH WAS CAUSED BY:  20 JMMEDIATE CAUSE (8)  DUE TO  Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART II (e)  19. WAS AUJOPSY PERFORMED?  YES AT NO IV  20 ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (enter nature of Injury in Part I or Part II of Item 18.)  21. I certify that (I) (this hospital) attended the deceased from Autory, street, office bidg., efc.)  22. SIGNATURE  22. SIGNATURE  22. PHYSICIANYS  NAME (1998)  22. PHYSICIANYS  NAME (1998)  23. BURIAL, GREMATION, 23D. DATE THEREOF  PROVAL (Specify)  STAFF  PROVAL (Specify)  STAFF  DIRECTOR  24. BURIAL GREMATION, 23D. DATE THEREOF  25. RAME OF CEMETERY OR CREMATORY  25. RED'D AV RECISITARY 25D., REGISTRARY SIGNATURE  24. FUNCRAL DIRECTOR  25. RED'D AV ROCCURRED (25D., REGISTRARY SIGNATURE)  25. RED'D AV ROCCURRED (25D., REGISTRARY SIGNATURE)  26. FUNCRAL DIRECTOR  27. FUNCRAL DIRECTOR  28. RED'D AV ROCCURRED (25D., REGISTRARY SIGNATURE)  29. REDOYAL (Specify)  STAFF  DIRECTOR  20. DATE SIGNATURE  24. FUNCRAL DIRECTOR  ADDRESS  25. REC'D BY REGISTRARY 25D., REGISTRARY SIGNATURE	13. FATHER'S NAME	
Total   Tota	FREDERICK GOULD	HELEN TOPLIFF
18. CAUSE OF DEATH [Enter only one cause per light for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  20	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Pay H M Pichardson 224 Washington
18. CAUSE OF DEATH [Enter only one cause per like for (a), (b), and (c). I PART I. DEATH WAS CAUSED BY:  200   MMEDIATE CAUSE (a)  DUE TO Conditions, it amy, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART I (a)  202 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF) ETHER, NOTIFY MEDICAL EXAMINER)  203 ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF) ETHER, NOTIFY MEDICAL EXAMINER)  204 C. TIME DF INJURY Month, Day, Year Hour a.m.  p.m.  19 atwork Not white atwork of including attended the deceased from the cause and on the date stated above.  22a. SIGNATURE  22c. PHYSICIAN'S NAME (1ye)  DR. W.F. WILLIAMS  23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  EMOVAL (Specify)  STAFF DR. W.F. WILLIAMS  23c. NAME OF CEMETERY OR CREMATORY 23d. EDURAL OR BY REGISTRAR SIGNATURE  24d. FUNERAL DIRECTOR  ADDRESS  25a. RECT B Y REGISTRAR SIGNATURE  25b. REGISTRAR'S SIGNATURE  25b. REGISTRAR'S SIGNATURE  25c. REPLY BY REGISTRAR SIGNATURE  25c. RECT B Y REGISTRAR SIGNATURE  25c. RECT B Y REGISTRAR SIGNATURE	107-12-9731 ME	MORIAL HOSPITAL. CUMBERLAND. MD. St.
PART I. DEATH WAS CAUSED BY:  2 00 MMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (b) PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONCIVEN IN PART I (a)  20 a ACCIDENT WAS UNDERLYING TOR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20 c. TIME DF INJURY Month, Day, Year Hour a.m. pm. 19 atwork at work While NOT While 21. I certify that (I) (this hospital) attended the deceased from tall 1 (a), 19 21. I certify that (I) (this hospital) attended the deceased from tall 1 (b), 19 22. SIGNATURE  22. PHYSICIAN'S NAME (Type) DR. W. F. WILLIAMS  12. Certify that (1) (this hospital) attended the deceased from tall 1 (b), 19 22. CENTRE ST. CUMBERLAND, MD.  23. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  24. FUNERAL DIRECTOR  25. REC'D BY REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  25. REC'D BY REGISTRAR'S SIGNATURE  25. REC'D BY REGISTRAR'S SIGNATURE  26. FUNERAL DIRECTOR  27. PLACE OF INJURY (Home, farm.)  28. BURIAL, CREMATION, 23b. DATE THEREOF 28. NAME (Type)  29. DATE SIGNED  20. DATE SIGNED  21. Certify that (I) (this hospital) attended the deceased from tall 1 (b), 19 20. CENTRE ST. CUMBERLAND, MD.  26. REPORT AND TALL CONTROL OF THE PART OF T	18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).]	
Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONG IVEN IN PART II.  OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING TO DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING NOT WHITE ITEM PROPERTY MEDICAL EXAMINER)  OR CONTRIBUTING NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING CAUSE OF DEATH OR COURRED TO THE TERMINAL DISEASE CONDITIONG IVEN IN PART II.  OR CONTRIBUTING CAUSE OF DEATH OR COURRED TO THE TERMINAL DISEASE CONDITIONG IVEN IN PART II.  OR CONTRIBUTING CAUSE OF DEATH OR COURRED TO THE TERMINAL DISEASE CONDITIONG IVEN IN PART II.  OR CONTRIBUTING CAUSE OF DEATH OR COURRED TO THE TERMINAL DISEASE CONDITIONG IVEN IN PART II.  OR CONTRIBUTING CAUSE OF DEATH OR COURSE II.  OR CONTRIBUTING CAUSE OF DEATH OR COURSE II.  OR CONTRIBUTING CAUSE OF DEATH OR COURSE II.  OR CONTRIBUTING CAUSE OF DEATH OR COUNTY IN PART II.  OR CONTRIBUTING CAUSE OF DEATH OR COUNTY II.  OR CONTRIBUTING CAUSE OF DEATH OR COUNTY II.  OR CONTRIBUTING CAUSE OF DEATH OR COUNTY II.  OR CONTRIBUTING CAUSE OF DEATH II.  OR CONTRIBUTING CAUSE OF DEATH II.  OR CONTRIBUTION COUNTY III.  OR CONTRIBUTION COUNTY II.  OR CONTRIBUTION COUNTY III.  OR CONTR		ONSET AND DEATH
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gave rise to immediate cause (a), stating the underlying cause last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONG (VEN IN PART 1(a))  20a ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME DF INJURY Month, Day, Year Hour a.m.  p.m.  19 While Not White stated, office bidg., etc.)  21. I certify that (i) (this hospital) attended the deceased from Table (April 1) at work		12 1 1 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Cause (a), stating the underlying cause last.  (c)  PART HI. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONCIVEN IN PART 12.  20a ACCIDENT WAS UNDERLYING DOBE PROBLEM OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. pm. 19 While at work at work at work at work at work at work 22a. SIGNATURE  21. I certify that (I) (this hospital) attended the deceased from the deceased from the deceased alive on 19 0 and that death occurred at 10 AMP of DIRECTOR PHYS.  22c. Physicians NAME (Type)  DR. W.F. WILLIAMS  23a. NAME (Type)  DR. W.F. WILLIAMS  23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Cumberland Manyland  24. FUNCRAL DIRECTOR ADDRESS  25a. REC'D BY REGISTRAR'S SIGNATURE  25b. REGISTRAR'S SIGNATURE  26c. DATE SIGNATURE  27c. Physicians 27c. RESISTRAR'S SIGNATURE		will grants - 191 - 101
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20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  20c. TIME DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm. pm. 19   at work   21. I certify that (I) (this hospital) attended the deceased from   20d. 19   10   20d. 10d. 10d. 10d. 10d. 10d. 10d. 10d. 1		V
20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. factory, street, office bidg., etc.) 20f. (City or town) (County) (State)  While at work 19 Not White at work 19 Not White at work 19 Occurred at 19 Occur	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	
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20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. factory, street, office bidg., etc.) 20f. (City or town) (County) (State)  While at work 19 Not White at work 19 Not White at work 19 Occurred at 19 Occur	OR CONTRIBUTING CAUSE OF DEATH	
21. I certify that (i) (this hospital) attended the deceased from TOW 10, 19 to 1900, that (i) (the last saw the deceased alive on 1900 and that death occurred at 7. 40A from the causes and on the date stated above.  22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  DR. W.F. WILLIAMS  122d. ADDRESS  122 S.CENTRE ST. CUMBERLAND, MD.  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BURIAL CREMATION (City, town or county)  Cumberland, Maryland  24. FUNERAL DIRECTOR  ADDRESS  25a. REC'D BY REGISTRAR 25b., REGISTRAR'S SIGNATURE		CF OF INTURY (Home farm   20f (City or town) (County) (State)
21. I certify that (i) (this hospital) attended the deceased from TOW 10, 19 to 1900, that (i) (the last saw the deceased alive on 1900 and that death occurred at 7. 40A from the causes and on the date stated above.  22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  DR. W.F. WILLIAMS  122d. ADDRESS  122 S.CENTRE ST. CUMBERLAND, MD.  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BURIAL CREMATION (City, town or county)  Cumberland, Maryland  24. FUNERAL DIRECTOR  ADDRESS  25a. REC'D BY REGISTRAR 25b., REGISTRAR'S SIGNATURE	Hour a.m. While Not white factor	
saw the deceased alive on	pm. 19 at work at work	1001011
228. SIGNATURE  228. SIGNATURE  1	21. I certify that (I) (this hospital) attended the deceased from T	
22c. PHYSICIAN'S NAME (Type) DR. W.F. WILLIAMS  23a. BURIAL, CREMATION, 23b. DATE THEREOF PHYSICIAN'S EMOVAL (Specify) DWILL 24. FUNERAL DIRECTOR  25a. REC'D BY REGISTRAR'S SIGNATURE  25b. REGISTRAR'S SIGNATURE  25c. PHYSICIAN'S NAME (Type) DR. W.F. WILLIAMS  22d. ADDRESS 122 S.CENTRE ST. CUMBERLAND, MD. 23a. Location (City, town or county) Cumberland, Maryland 24. FUNERAL DIRECTOR  25a. REC'D BY REGISTRAR'S SIGNATURE		
22c. PHYSICIAN'S  NAME (Type)  DR. W.F. WILLIAMS  122 S.CENTRE ST. CUMBERLAND, MD.  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  EMOVAL (Specify)  BURIAL (Specify)  2/1/66  Rose Hill Cemetety  Cumberland, Maryland  24. FUNERAL DIRECTOR  ADDRESS  25a. REC'D BY RECISTRAR 25b., RESIGNATURE	22a. SICNATURE	
NAME (Type)  DR. W.F. WILLIAMS  23a. BURIAL CREMATION, 23b. DATE THEREOF PROPERTY OF CREMATORY  BURIAL CREMATION, 23b. DATE THEREOF PROPERTY OF CREMATORY  BURIAL CREMATION, 23b. DATE THEREOF PROPERTY OF CREMATORY  23c. NAME OF CEMETERY OF CREMATORY  Cumberland, Maryland  24. FUNERAL DIRECTOR  ADDRESS  25a. REC'D BY RECISTRAR 25b. RESTRAY'S SIGNATURE	Mix Millianos M.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (state)  REMOVAL (Specify) 2/1/66 Rose Hill Cemetety Cumberland, Maryland 24. FUNERAL DIRECTOR 25a. REC'D BY RECISTRAR 25b., REGISTRAR'S SIGNATURE		
BEMOVAL (Specify) 2/1/66 Rose Hill Cemetety Cumberland, Maryland  24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR 25D. REGISTRAR'S SIGNATURE	DR. W.F. WILLIAMS	122 3. CENTRE ST. COMBERLAND, MD.
24. FUNERAL DIRECTOR  ADDRESS	238. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	OR CREMATORY 23d. LOCATION (City, town or county) (State)
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE	BUTTA OF 2/1/66 ROSO HILL C.	emototu Cumberland, Maruland
TED A 1000 I Was the I		25a. REC'D BY RECISTRAR   25b., REGISTRAR'S SIGNATURE
	H. Wayne George Cumberland, Maryland	FED / 4000   4 140 Miles & 150



## FOR STATE HEALTH DEPT.

TO DEPUTY MEL.

EXAMILIE: This certificate about be mincuted within 14 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. GiverPages 1, 2, and 3 to funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along Will form PM3. Page 5 may be ##

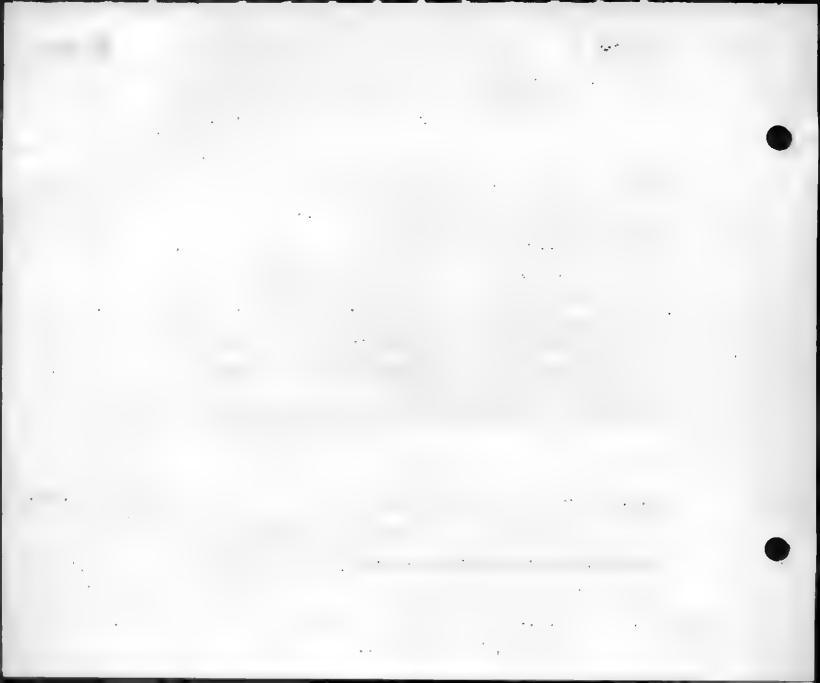
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1	pages I in any
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retained for your files.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Departme of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after deat
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	_00067	MEDICAL	EXAMINER'S	CERTIFICATI	E OF DEATH	1	00066	
	1. PLACE DF DEATH	*			E (Where deceased lived, If In	Kerima.		
1		legany	MARYLAND	a. STATE Mar	yland b. GDU	" All	legany	
	b. CITY OR TOWN (If write RURAL and	outside corporate limits, live nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	autside corporete limits, w	rite RURAL e	and give nearest town	
	Cumberla	nd	44 years		umberland			
	d. NAME OF HOSPITA	OR INSTITUTION (If not In ho	spital, give street eddress)	d. STREET AOORESS			e. IS RESIDENCE ON A FARM?	
,		norial Hospita	1	14	04 Virginia	Ave.	YES NO TO	
	3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mont	:h	Dey Year	
	(Type or print)	Emma	K	Rinehart	DEATH J.	an.	12 19 66	
1	5. SEX   6. C	OLOR OR RACE   7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	Inet hirthday)	IF UNDER 1	YEAR IF UNDER 24 HRS	
	Female 1	White WIDOWED		May 3, 192	Yrs.	Months	Oeya Hours Min.	
	10s. USUAL OCCUPATION (Couring most of working life	live kind of work done   10b. Kr	ND OF BUSINESS DR	11. BIRTHPLACE (S	tate or foreign country)	12. CIT	TIZEN OF WHAT	
L	ractory	Worker Te	extile	Cumbe	rland, Md.		USA	
	13. FATHER'S NAME			14. MOTHER'S MAID	EN NAME			
	Jai	nes Ruble		Pearl	Wasbaugh			
	15. WAS DECEASED EVER I	N U.S. ARMED FORCES?   16. S		INFORMANT	Addre			
1	no	Bire are at march of art kier?	Mr	. James Rub	le, Cumberla	nd, Ma	1 •	
		[Enter only one cause per ()	ne for (a), (b), and (c),]				INTERVAL BETWEEN	
-	PART I. DEATH WAS CAUSED BY: Pneumonia, Bilateral Days Death							
	1100	1 HOLL						
	Conditions, if any,	which (b)	rns and Inh	alation		14 Days		
1	gave rise to immediate ( cause (a), steting the OUE TO							
	underlying cause lest							
,	PART II. OTHER SIGNIF	ICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN	PART 1(a)	19. WAS AUTOPSY PERFORMED?	
-	CAT						YES NO X	
4	208. EXTERNAL CAU	SE WAS 20b. D	ESCRIBE HOW INJURY OCC	URRED. (Enter nuture of	Injury in Part I or Part II	of Item 18.)		
1	PART H. OTHER SIGNIF	C:	igarette Fire	e while asl	eep			
-1	를 20c. TIME OF INJUR		IJURY OCCURRED, 20e. PL	ACE DF INJURY (Home, fa ory, street, office bldg., e	rm, 20f. (City or town)	(Coun	ity) (State)	
,	10:30 p.m.De	c.31 165 While at work	Not While H	ome	Cumberland	i,Alle	gany, Md.	
4	21. I certify that I took charge of the remains described above, held an Autopsy , inspection , inquiry , and in my opinion							
1	death resulted fr	om: Natural causes [],	Accident 🔄, Su	icide 🔲, Homici	de 🔲, Undetermined	manner		
1	/		11	CHIEF MEDICAL				
1	SIGNATURE	SIGNATURE Devedent Skitarely No. ASSISTANT MEDICAL EXAMINER Jan. 12, 1966						
	EXAMINER'S Dr	Danadiak Clai		DEPUTY MEDIC	AL EXAMINER X			
	Titalia (1) be)	Benedict Ski		71441000 (04100)	, city, town, or county)			
	23a. BURIAL, CREMATION REMOVAL (Specify)		23c. NAME OF CEMETER		23d. LOCATION (City, t		nty) (State)	
	Durlal	Jan.15,1966	Hillcrest B	urial Park	Cumberland	, Md .		
1	24. FUNERAL DIRECTOR	Commolli Cum	ADDRESS		D BY REGISTRAR 25b. R			
3	ownes F.	Scarpelli, Cum	merrand, Md.	DATE N	1 7 1966 2	Longelon	Judy"	



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and 2 by the fundamental by the fundam oon papers. Pag within 72 hours Ξ ed Ε etely = icia... ase and le attenting plysi permit. Then ple remova 5 cremation, been signed by the burial-transit or to burial, crems à 5 has as pric After this certificate had be detached for use state Dept. of Health for use Health the DIRECTOR: age 3 should iled with the ä page pa

remove carbo or attending physician. hospital a After à retained may O FUNERAL director, p ♥

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00068 CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNT ALLEGANY EGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b CUMBERLAND CUMBERLAND HR. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, glyb street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? LINDEN ST. 510 NO K MEMORIAL HOSPITAL 3, NAME OF First DATE Middle Last 4. Month Year DECEASED VIOLAM. ROWAN **JANUARY** 31 1966 (Type or print) DEATH SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) 7. MARRIED 7 NEVER MARRIED last hirthday) | Months | Davs Hours FEMALE 6-17-1899 66 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done † 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY OWN HOME during most of working life, even if retired) COUNTRY? CUMBERLANDMARYLAND U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CLARENCE SPIDELL JENNIE BOYER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) no CUMBERLAND, HOSPITAL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN INPART 1(a) PERFORMED? YES | NO F 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 120e, PLACE OF INJURY (Home, farm, (State) 20(- (City or town) (County) factory, street\_officebldg., etc.) Hour a.m. MEDI While Not While at work 7 that\_(I) (we) last 21. I certify that (I) (this hospital) attended the deceased from from the causes and on the date stated above. saw the deceased alive on and that death occurred at DATE SIGNED SIGNATURE 22b. ATTENDING DIRECTOR PHYS. 220: PHYSICIAN'S NAME (Type) 22d. ADDRESS DR. S. CENTRE ST BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) St. Cumberland Mary's Burial 1966 Cemetery REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. James F. Scarpelli, Cumberland, Md. 1966

VR #15 (4) 20M 1/65

NOS STATE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requirem that the deat certifinate IIm executed within 24 liours after diath.

Pinge 4 may be retained by the hospital or attending physician. and completely filled in by the funeral process and 2 process and 2 and 2 fany event, within 72 hours after death: TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicism director, page 3 should be detached for use as the burial-transit permit. Then please, should be filed with the State Dept. of Health prior to burial, cremation, or removal and the

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MEDICAL CERTIFICATION

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 3D IW. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH  1. PLACE OF PEARLY  2. USUAL RESIDENCE (Where decreased lives, 1º Institution: Relidence before seinisticion)  3. CLIPS OF WORN GO OF STATISTICAL CERTIFICATE OF DEATH  4. CLIPS OF WORN GO OF STATISTICAL RESIDENCE (Where decreased lives, 1º Institution: Relidence before seinisticion)  4. CLIPS OF WORN GO OF STATISTICAL CERTIFICATE OF DATA IN 19  5. CLIPS OF WORN GO OF STATISTICAL CERTIFICATE OF DATA IN 19  6. CLIPS OF WORN GO OF STATISTICAL RESIDENCE (Where decreased lives, 1º Institution: Relidence before seinistical investigation of the collection of the col	П			MAR	YLAND STATE DE	EPARTMENT OF	HEALTH				
1. PLOCE OF DEATH  A LEGANY  MARYLAND  D. COUNTY CONTROL CONTR				TICAL RESE			_	BALTIMOR	E 1, MAR	LAND	30
ALLEGANY  ALLEGANY  ALLEGANY  BARYLAND  C. CLENGTH OF STAY IN 1D  C. C	-				CERTIFICAT				( )	000	35
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) CUMBERLAND C. MARCHEN ROSPITAL OR INSTITUTION (if not in bospital), give street address) d. NAME OF ROSPITAL OR INSTITUTION (if not in bospital), give street address) MEMORIAL HOSPITAL, MEMORIAL AVE.  MARCHEN ROSPITAL OR INSTITUTION (if not in bospital), give street address) MEMORIAL HOSPITAL, MEMORIAL AVE.  MARCHEN ROSPITAL OR RACE 7, MARRIED NEVER MARRIED STORE SEARCH OF SIRTH JAN 2 19 66.  S. SEX  MEMORIAL HOSPITAL, MEMORIAL AVE.  MARCHEN ROSPITAL OR RACE 7, MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MINDOWS MIND PROSPECTION OF SEARCH MARRIED NEVER MARRIED NEVER MINDOWS MIND PROSPECTION OF SEARCH MEMORY MIND ROSPITAL RESPONSE OF SIRTH NEVER MARRIED NEVER MINDOWS MIND ROSPITAL NEVER MARRIED NEVER MARRI	Ι,	a. COUNTY	A NISZ			a. STATE	•			ce before a	idm(SSIOD)
d. NAMLO FINDSTIAL OF INSTITUTION (if not in nospitule, give street address)  MEMORIAL HOSPITAL, MEMORIAL AVE.  MARE DE DICLASED  SEX MARE DE DICLASED  MR, GEORGE P. SCHADE  SEX MORIAL MRRIED NEVER MARRIED NEW MARRIED NEVER MARRIED NEW MARRIED NEVER MARRIED NEW MARRIED		ALLEG	ANT					AL	LEGAN'		
d. NAMLO FINDSTIAL OF INSTITUTION (if not in nospitule, give street address)  MEMORIAL HOSPITAL, MEMORIAL AVE.  MARE DE DICLASED  SEX MARE DE DICLASED  MR, GEORGE P. SCHADE  SEX MORIAL MRRIED NEVER MARRIED NEW MARRIED NEVER MARRIED NEW MARRIED NEVER MARRIED NEW MARRIED		Write RURAL	and give nearest	town)	C. LENGTH OF STAY IN 1b				RURAL and (	give neare	st town)
MEMORIAL HOSPITAL, MEMORIAL AVE. 406 YORK ST.    MEMORIAL HOSPITAL, MEMORIAL AVE. 406 YORK ST.   YES   NOTE   NOTE		CUMBE	RLAND		13 DAYS		MREKLAN	ND .		,	-
3. WHATE OF DECEASED (Type or print) MR GEORGE P. SCHADE  S. SEX M WHITE WINDOWED DIVORCED 11/30/93 9. AGE (ID Years   FUNDER 17 YEAR)   S. SEX M WHITE WINDOWED DIVORCED 11/30/93 9. AGE (ID Years   FUNDER 17 YEAR)   HOURS   S. SEX M WHITE WINDOWED DIVORCED 11/30/93 9. AGE (ID Years   FUNDER 17 YEAR)   HOURS   MONTHS   Days   Hours   Min. Days   Hours   Hou						1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	O 20			e. IS RE ON A	FARM?
DECEASED (Type or print)  MR, GEORGE P. SCHADE  S. SEX  G. COLOR OR RACE J. MARRIED   NEVER MARRIED   S. DATE OF BIRTH  WHITE WIDOWEDX   DIVORCED   11/30/93  108. USUAL DECUPATION (Give kind of work done)  109. USUAL DECUP	_	-	L HOZPII								
S. SEX M G. COLOR OR RACE 7. MARRIED NEVER MARRIED 11/30/93 9. ACC (10 years) FUNDER 14 HENDER 24 HHS. MINDOWED 11/30/93 19. ACC (10 years) MINDER 14 HENDER 24 HHS. MINDOWED 11/30/93 19. ACC (10 years) MINDER 14 HENDER 24 HHS. MINDOWED 11/30/93 19. ACC (10 years) MINDER 14 HENDER 24 HHS. MINDOWED 12 LOCAL HENDER 25 LOCAL HENDER 24 HHS. MINDOWED 12 LOCAL HENDER 25 LOCAL HENDER 24 HHS. MINDOWED 12 LOCAL HENDER 25 LOCAL HENDER 24 HHS. MINDOWED 12 LOCAL HENDER 25 LOCAL HENDER 24 HHS. MINDOWED 12 LOCAL HENDER 25 LOCAL	3.	DECEASED	MD		E COLLABE	Last	OF			-	"
M WHITE WIDOWED DIVORCED   11/30/93   12   12   13   14   15   15   15   15   15   15   15	6					O DATE OF SIDTH		-	-		
16. USUAL OCCUPATION GIVE kind of work done   10b. KNDO OF BUSINESS OR NONLINESS OR	J.			77 117511117161	1		9. A				
address name  Is. MASS DECASED EVERNUS. ARMED FORCES?  16. SOCIAL SECURITYNO.  17. INFORMANT  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  19. PART I. DEATH WAS CAUSED BY:  19. Conditions, If any, which  19. Cause (a), stating the underlying cause last.  19. Conditions (c).   100						72	3 1	1 10 0(TI2F)	LOE WHA	+	
13. FATHER'S NAME HENRY SCHADE  15. WAS DECEASE DEVER INJ. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  CO. ACCIDENT WAS UNDERLYING DOE TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PENTORNEOUS PENTORNEOUS DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  18. CAUSE OF DEATH ONE TAND ONE TAND DEATH ONE TAND ONE TAND DEATH ONE TAND ONE	dur	ing most of work	ing life, even if ret	tired) i i	NOUSTRY		UD.	-	CQUNT	CAL WHY	.1
HENRY SCHADE  15. WAS DECEASED EVER IN U.S. ARMED PORCES? (Vet, no, or unknown) (If yes give war or dates of service) 214-05-9062 MEMORIAL HOSPITAL, CUMBERLAND, MD.  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)	12		4	er   S	elf Employed		-00111	BERLAND	0.	5.A.	
15. WAS DECEASE DEVER IN U.S. ARMED PORCES? (Yet, no, or unknown) (If yes gire war or dates of service) 214-05-9062 ME MORIAL HOSPITAL, CUMBERLAND, MD.  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ONSET AND DEATH  O	13.							ΔN			
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)   DUE TO   Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)   DUE TO   Conditions (a)   DUE TO   Conditions (b)   DUE TO   Conditions (c)   Cond	15			roppres   10	SOSIAL SECURITY NO. 1 42						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, It any, which gave rise to immediate cause (a), stating the underlying cause last.  (b)  DUE TO  DUE	(Ye	s, no, or unkown)	(If yes give war or dat	tes of service)			201741		DI AND	MD	
PART I. DEATH WAS CAUSED BY:					LI-0/- )002   1.	EMORIAL HUS	SPITAL	CUMBE			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)   Due to		PART I DI	DEATH LENTER ONLY	one cause per	line for (a), (b), and (c).	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			IN I	SET AND	DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO COURSED OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm. Hour a.m. by at work   19 at work   22d. ADDRESS   23d. LOCATION (City, town or county) (State)  22a. BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county)   County   19 at work   19		1 /	IMMEDIATE CAU	JSE (a)			_			161	,
gave rise to immediate cause (a), stating the DUE TO UNDERLYING CONTRIBUTIONS CONTRIBU				UE TO	By Posts	-07/2	under	-00		-0-	
underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  208. ACCIDENT WAS UNDERLYING  208. ACCIDENT WAS UNDERLYING  208. ACCIDENT WAS UNDERLYING  209. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  200. TIME OF INJURY Month, Day, Year  200. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  201. I Certify that (I) (this hospital) attended the deceased from factory, street, officebidg., etc.)  21. I certify that (I) (this hospital) attended the deceased from factory, street, officebidg., etc.)  22. SIGNATURE  22. SIGNATURE  22. PHYSICIAN'S  NAME (Type CLAY DURRETT  230. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  Burial  240. FUNERAL DIRECTOR  ADDRESS  251. REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATURE	-1		gave rise to immediate						, cle	4	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING			taring end	UE TO	A. West	- me	elin	4		6 4	120
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  20f. (City or town) (County) (State)  While at work 19 Not While at work 19 Not While at work 21. I certify that (I) (this hospital) attended the deceased from 19 Not While at work 22a. SIGNATURE  21. I certify that (I) (this hospital) attended the deceased from 19 Not While at work 22a. SIGNATURE  22a. SIGNATURE  22b. DATE SIGNED  ATTENDING MED. STAFF 22b. DATE SIGNED  22c. PHYSICIAN'S 22d. ADDRESS  NAME (Type) CIAY DURRETT  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify) Burial Jan 5, 1966 Greenmount Cemetery Cumberland, Md.  24. FUNERAL DIRECTOR ADDRESS  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	NO			(c)	UTING TO DEATH BUT NOT REI	ATED TO THE TERMINAL O	ISFASE CONDIT	TON GIVEN IN PA	RT1(a) 119	. WAS A	UTOPSY
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  20f. (City or town) (County) (State)  While at work 19 Not While at work 19 Not While at work 21. I certify that (I) (this hospital) attended the deceased from 19 Not While at work 22a. SIGNATURE  21. I certify that (I) (this hospital) attended the deceased from 19 Not While at work 22a. SIGNATURE  22a. SIGNATURE  22b. DATE SIGNED  ATTENDING MED. STAFF 22b. DATE SIGNED  22c. PHYSICIAN'S 22d. ADDRESS  NAME (Type) CIAY DURRETT  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify) Burial Jan 5, 1966 Greenmount Cemetery Cumberland, Md.  24. FUNERAL DIRECTOR ADDRESS  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	Ä					A. 1			- ''	PERFO	RMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  20f. (City or town) (County) (State)  While at work 19 Not While at work 19 Not While at work 21. I certify that (I) (this hospital) attended the deceased from 19 Not While at work 22a. SIGNATURE  21. I certify that (I) (this hospital) attended the deceased from 19 Not While at work 22a. SIGNATURE  22a. SIGNATURE  22b. DATE SIGNED  ATTENDING MED. STAFF 22b. DATE SIGNED  22c. PHYSICIAN'S 22d. ADDRESS  NAME (Type) CIAY DURRETT  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify) Burial Jan 5, 1966 Greenmount Cemetery Cumberland, Md.  24. FUNERAL DIRECTOR ADDRESS  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	Ē	20a. ACCIDENT	WAS UNDERLYING	□   20b.	DESCRIBE HOW INJURY OCC	CURRED (Enter nature of	injury in Part	I or Part II of		E3 []	ио 🗆
21. I certify that (!) (this hospital) attended the deceased from		OR CONTRIBUTI (IF EITHER, NO	ING [] CAUSE OF D TIFY MEDICAL EXA	EATH MINER)							
21. I certify that (!) (this hospital) attended the deceased from	ICAL				faci			ty or town)	(County)	(	(State)
21. I certify that (!) (this hospital) attended the deceased from	MED				ן רייין אוטוג איחוופ יייין ו	-a	" (	7	_		
22a. SIGNATURE  22a. SIGNATURE  M.D. ATTENDING MED. DIRECTOR STAFF  22c. PHYSICIAN'S NAME (Type) LIAY DURRETT  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (SDecily) Burial  23c. NAME OF CEMETERY OR CREMATORY Burial  23d. LOCATION (City, town or county)  Cumberland  Cumberland  Md.  24. FUNERAL DIRECTOR  ADDRESS  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		21. I certif	ly that (I) (this h	ospital) attend	led the deceased from	June 1	959, to	my	1966	that (I) (	we) last
22a. SIGNATURE  22a. SIGNATURE  M.D. ATTENDING MED. DIRECTOR STAFF  22c. PHYSICIAN'S NAME (Type) CLAY DURRETT  22d. ADDRESS  VIRGINIA AVE. CUMBERIAND, MD.  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (SDECHY)  BURIAL JAN 5, 1966 Greenmount Cemetery Cumberland, Md.  24. FUNERAL DIRECTOR  ADDRESS  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							te state	d above.			
22c. PHYSICIAN'S NAME (Type) CLAY DURRETT  23a. BURIAL GREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial Jan. 5, 1966 Greenmount Cemetery Cumberland, Md.  24. FUNERAL DIRECTOR  ADDRESS  M.D. PHYS. DIRECTOR PHYS. J 36 Greenmount Selection (Phys. J 36 Greenmount)  PHYS. DIRECTOR PHYS. J 36 Greenmount Selector Phys. J 36 Greenmount Cumberland, Md.  24. FUNERAL DIRECTOR  ADDRESS  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		22a. SIGNATUI	READ	3	~~	ATTEMPING	MED		1/-/		
NAME (Type) CLAY DURRETT VIRGINIA AVE. CUMBERIAND, MD.  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Burial Jan. 5, 1966 Greenmount Cemetery Cumberland, Md.  24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			long.	61 052	west M	.D. PHYS.			1/3/0	66	
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  Burial Jan. 5, 1966 Greenmount Cemetery Cumberland, Md.  24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		NAME (T	Abe CIVA DITI	DOETT			1 4 4 4 4	CHMDE	DI AND	MO	
REMOVAL (Specify) Burial Jan. 5, 1966 Greenmount Cemetery Cumberland Md.  24. FUNERAL DIRECTOR ADDRESS 253. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	330			TE THEREOE	1 120 NAME OF OFISETER					all.	14
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	238	REMOVÁL (Sp	ecify)					4		(3	nate)
Town Town Town Town Town Town Town Town	24			1966	ADDRESS	Vemetery 1 25a. REG	C'D BY REGISTA	ARI 25b. REG		NATURE	
				ellik Cu		DATA N		000			

DATAN

1956

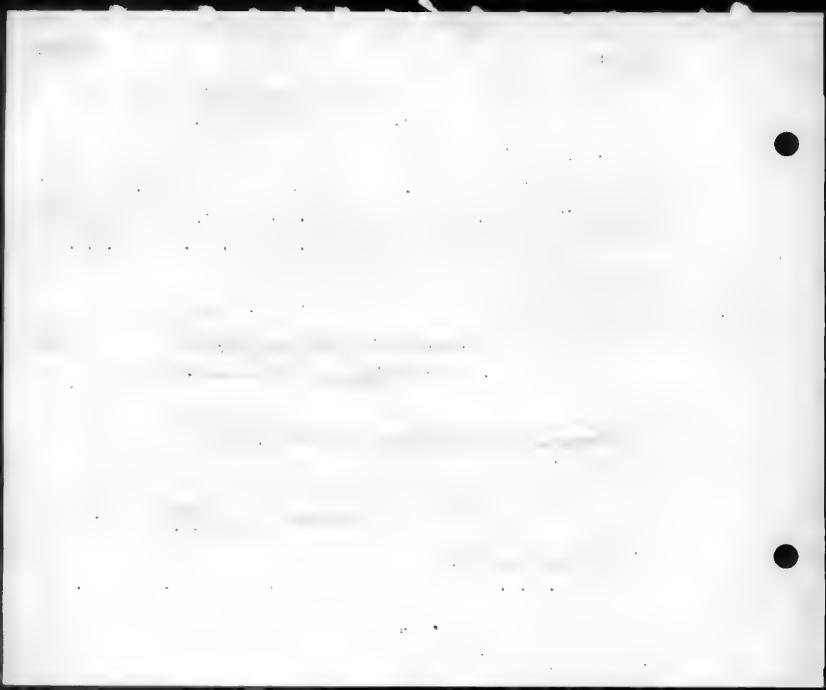


MEDICAL CERTIFICATION

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remove and in any event, within 72 hours after death. PHYSICE The law requires that the least contificate or encuted within 24 hours after math. TO FINAL TITLE OF ATTEMENT FINASICAL THE law requires that Page 4 may be retained by the hospital or attending physician.

	DIVISION OF STATISTICAL RESEARCH AND RECORD		RYLAND.				
	CERTIFICATE	TE OF DEATH	00003				
1.	PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Resi	idence before admission)				
	ALLEGANY	a. STATE PENNSYLVANIA BEDFOR	Rn				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL ar	nd give nearest town)				
	CUMBERLAND 4 DAYS	HYNDMAN, PA.					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
	MEMORIAL HOSPITAL		YES NO 2				
3.	NAME OF First Middle	Last 4. DATE Month	Day Year				
	OEGEASED (Type or print) MARY M.	SCHUHWERK DEATH JAN.	101966				
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   FUNDER 1   SEPT 2. 1880   Sast birthday)   Months   D.	YEAR IF UNDER 24 HRS.				
	FEMALE   WHITE   WIDOWED   DIVORCED	SEPT. 2, 1880 85 yrs. Months D.	ays Hours Min.				
10a dur	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITI	IZEN OF WHAT				
	II busewille		5.A.				
13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	GEORGE WITT	MARY MARTHA					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, po, or unknown) (If yes give war or dates of service) MEMORIAL HOSPITAL						
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:	Colone Failure	ONSET AND DEATH				
	IMMEDIATE CAUSE (a)	- Total Company					
	Cenditions, If any, which ) DUE TO A. S. and Hyper	rlowing Condrovallelo disen	5 years.				
	gave rise to immediate (b) DUE TO						
	cause (a), stating the DUE TO Cause (a), stating the Cause TO Caus						
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?				
CAT	Neumonitis, left Comes	Lope, C. U.	YES NO				
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCOR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury in Part I or Part II of Item 18.)					
EDICAL	fan	LACE OF INJURY (Home, farm,   20f. (City or town) (Count tory, street, office bidg., etc.)	ty) (State)				
	Hour a.m.   While   Mot While						

at work at work that (I) (we) last M, from the causes and on the date stated above. 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 19 6 6 saw the deceased alive on 10 22b. DATE SIGNED SIGNATUR 22a. ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. PHYSICIAN'S NAME (Type) VAN ST. ORMER CUMB .MD. 23a. BURIAL, CREMATION, REMOVAL (Soecify)
Burial 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 66 Palo Alto January Joseph Gery FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR I

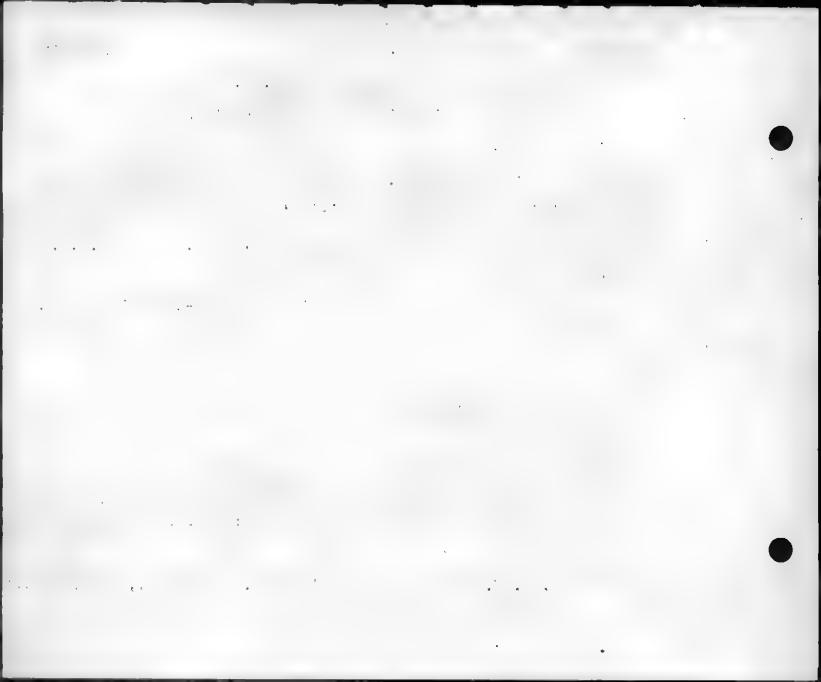


■4 hours aft=r ■eath. TO HOSPITAL OR ATTENDING PHYSICIAN: The Tw remuírem that the dimall certificate be emecuted Titlin Page 4 may be retained by the hospital or attending physician.

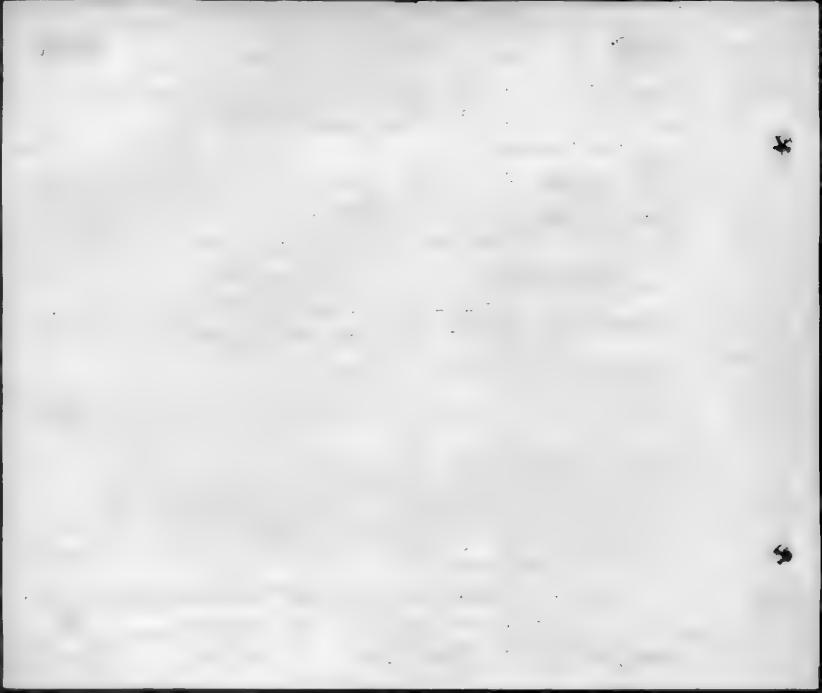
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	03371		CERTIFICATI	E OF DEATH		
1.	PLACE OF DEATH a. COUNTY	GANY		2. USUAL RESIDENCE a. STATE W. V	E (Where deceased lived, If institution:	
			MARYLAND	11		ARDY
	b. CITY OR TOWN (If a	outside corporate limits,	c. LENGTH OF STAY IN 15		outside corporate limits, write RURA	L and give nearest town)
					REFIELU	La In DeniorNot
		OR INSTITUTION (If not in he IAL HOSPITAL	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		TAL HUSPITAL		{ <u> </u>		YES NO
3.	NAME OF OECEASED (Type or print)	CONWAY	Middle W.	SCOTT	4. DATE Month OF JANUARY	Day Year 23 19 66
5.	SEX 6. C	OLOR OR RACE   7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years IF UNOF	R 1 YEAR HEIINDER 24 HRS
	MALE W	HITE WIOOWED	DIVORCEO [	9-16-1887	last birthday) Months 78 yrs.	
10a dur	I. USUAL OCCUPATION (Gring most of working life	live kind of work done 10b. K	INO OF BUSINESS OR NOUSTRY		, , , , , , , , , , , , , , , , , , , ,	CITIZEN OF WHAT
12		FARMER		MOOREF		U.S.A.
13.	. FATHER'S NAME			- /		
	DAVID_S	COTT		LAURA		
	. WAS DECEASED EVER I	N U.S. ARMED FORGES? 16.		INFORMANT	Address	
		23	6-20-4450 Mt	MORIAL HO	SPITAL-CUMBERLA	ND, MD.
	18. CAUSE OF OEATH	[Enter only one cause per li	ine for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. OEATH V	VAS CAUSED BY:	= kctrolyte in	balance).		ONSET AND DEATH
	4 - 0	MEDIATE CAUSE (a)	- 1201301011		. ( )	
	Conditions, If any, which \ DUE TO Severalized anterior claronis maral bleeking of					
	gave rise to imme	ediate (	<u>a</u>	1 10	T. +	
	cause (a), stating underlying cause last		yeur of lu	up plein	~ cons	
0	PART II. OTHER SIGNIF	ICANT CONDITIONS CONTRIBL	JTING TO CEATH BUT NOT RELA	ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED?
CAT						YES NO
E	20a. ACCIDENT WAS	UNDERLYING   20b.	DESCRIBE HOW INJURY DCCL	JRRED, (Enter nature of	Injury in Part I or Part II of Item 1	8.)
CERTIFICATION	OR CONTRIBUTING [	CAUSE OF DEATH MEDICAL EXAMINER)		· ·		
			NJURY OCCURREO 120e. PLA	CE OF INJURY (Home, fa	rm.   20f. (City or town) (Co	ounty) (State)
MEDICAL	Hour a.m.	White	Not While facto	ory, street, office bldg., e	tc.)	
M	p.m.		k at work []			
	_	t (I) (this hospital) attend		, 1!		that (I) (we) last
	saw the decease	d alive on	19, and that	t death occurred at	M, from the causes and on	DATE SIGNED
	ATTENDING MED. STAFF					
	22c. PHYSICIAN'S	accorde line.	M.D	D. PHYS. L. (	DIRECTOR PHYS.	
	BLANCE (Trump)	DR. V. M. VA	LLS	113-A S	. CENTRE ST., CU	MBERLAND, MD
23:	BURIAL CREMATION	N.I 23b. DATE THEREOF	1 23c. NAME OF CEMETERY	Y OR CREMATORY	23d, LOCATION (City, town or c	ounty) (State)
	REMOVAL (Specify)	1-26-1966	January . 3	A MOE ZU	Mo-orelield.	Thela
24	. FUNERAL, DIRECTOR	7-10-1100	AOORESS		O'O BY REGISTRAN 250 REGISTRA	R'S SIGNATURE
	Freitel	B. Rezuste	Mookekield	7.2 / FE		



1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
= 10-0 B.M .	00072 CERTIFICATE OF DEATH	00071
the funeral shall be	1. PLACE OF DEATH  e. COUNTY  AITLEGANY  MARYLAND  b. CITY OR TOWN (if outside corporate limits, write RURAL at C. CITY OR TOWN (if outside corporate limits)	LEGANY
executed whin 24 completely filled in by appers. Pages I an thin 72 hours after de	write RURAL and give neerest town) FROSTBURG I HOUR  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  MINERS! HOSPITAL  3. NAME OF DECEASED (Type or print) LOUIS JOHN SLEEMAN  VALE SUMMIT  d. STREET ADDRESS  4. DATE Month OF DECEASED OF DECEASED OF DEATH JANUARY	0. 15 RESIDENCE ON A FARM? YES NO Year  Doy Yaar  2. 1966
if certificate be ex g physician and cor sse remove carbon in any event/within	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH  9. AGE (In years   IF UNDE lest birthday)   100	RIYEAR I IF UNDER 24 HRS.
The law requires that the dea altending physician. as been signed by the attendir burial-transit permit. Then ple al, cremation, or removal, and	JOSEPH SLEEMAN  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SO CIAL SECURTY NO. 17. INFORMANT  (Yes, no, or unknown) (Iliyas give war or datas of service)  NO  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  (MMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (b)  DUE TO  Cause last.	MIT MD INTERVAL BETWEEN ONSET AND DEATH
PHYSICIAN: The hospital or this certificate had for use as the alth prior to bur	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	YES NO
ATTENDING be retained by SCION: After uld be detach te Dept. of He	20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 20d. INJURY OCCURRED 2Da. P. ACE OF INJURY (Homa, farm, 2Dt. (City or lown)	
HOSPITAL STATE AND STATE AND STATE AND STATE STA	220. SIGNATURE  ATTENDING MED STAFF PHYS.  22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS	1/4/6 SIGNE
death. In FUND director, be filed	H. C. DIEHI. MD. 39 WEST MAIN STREET, FR  238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) BURIAL JAN, 5, 1966 FROSTBURG MEM. PARK FROSTBURG  24. SULVERAL DIRECTOR'S SIGNATURE ADDRESS. 125e. REC'D BY REGISTRAR 125b. REGISTRAR	MD.
VR A15 (4)	24 SUNERAL DIRECTOR'S SIGNATURE HOME, 60 W. ADDRESS IN ST.  WATER FUNERAL HOME, 60 W. ADDRESS IN ST.  CALL 1 0 1956 A. M. 1 0 1956 A. M. C.	s signature



24 hours after death, executad witalin

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plysician and campletely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after PEVEICIAN: The law requirem that the death certifical Description of the state of the hospital or attending physician. THE MOSPITER

MEDICAL

(	DOUZS DIVISIO	N OF STATISTICAL		AND STATE DE RCH AND RECORD CERTIFICAT	S, 301 W. PREST	ON STREET		MARY!	AND 072
1.	PLACE OF DEAT	Н			1. 2. USUAL RESIDE	NCE (Where dece	ased lived, If institution	: Residence	before admission)
	a. COUNTY	ALLEGANY		MARYLAND	a. STATE	MARYLAND	b. COUNTY	ALLE	EGANY
	b. CITY OR TOW	(N (if outside corporate limit and give nearest town)	ts, c	LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corp	orate limits, write RUR	AL and giv	ve nearest town)
	CUMBE LA				LONOCO	NING			> 9
	d. NAME OF HO	SPITAL OR INSTITUTION (if	ot in hosp	Ital, give street address	d. STREET ADDRES	S			ON A FARM?
	SACRED	HEART HOSPITA	L		2 DOUGLAS	AVE.		١,	YES NO
3.	NAME OF	First		Middle	Last	4. DATE	Month	Day	Year
	(Type or print)	MARGAI	RET	P	SMITH	OF DEATH	1/6/66		19
5.	SEX	6. COLOR OR RACE 7. M	RRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years IF UND last birthday) Month	ER I YEAR	
F	TEMALE	WHITE WI	OWED [	DIVORCED [	10/25/92		73 yrs.	s Days	Hours   Min.
10a dui	I. USUAL OCCUPAT	ION (Give kind of work done in life, even if retired)	10b. KINI INDI	OF BUSINESS OR	11. BIRTHPLACE (	County & State,	or foreign country)   12.	CITIZEN	OF WHAT
	House	Wife			Lonaconi	ng, Mar	vland	U.S	.A.
13	FATHER'S NAM	IE			14. MOTHER'S MA	IDEN NAME			
-		Robert Cre			PAUXOSINANAS		A 245 A A	Poll	ock
(Y)	. WAS DECEASED: es, no, or unkown)	EVER IN U.S. ARMED FORCES (If yes give war or dates of servic	16. 50	CIAL SECURITY NO. 17.	INFORMANT		Address		
					PATIENT'S ]	DAUGHTER	2		
		DEATH [Enter only one caus	e per line	for (a), (b), and (c).]				INTE	RVAL BETWEEN ET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion								d ay
	4201 DUE TO								
	conditions, if any, which (b) Coronary Heart Disease							4	years
	cause (a), si	tating the DUE TO							
z	underlying caus	/ (5)	419D ( DAISE)	do an heliu num vena		Thioria Footib	. */ O. / O. ( P. )	(0) 110	WAS AUTOPSY
ICATIO	PARTILUTHERS	SIGNIFICANT CONDITIONS CO	MIKIBUTI	NG TO DEATH BUT NOT REL	ATED TO THE TERMINAL	LDISEASECOND	ITTUNGIVEN IN PART 1	(a) YE	PERFORMED?
CERTIFICATION	OR CONTRIBUTE	WAS UNDERLYING [] ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (Enter nature	of injury in Par	t I or Part II of Item	18.)	

20d. INJURY OCCURRED

Hour a.m. Not While at work While at work 19 p.m. 21. I certify that (I) (this hospital) attended the deceased from

23b. DATE THEREOF

8/ 66 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 196T

that (I) (we) last

(County) (State)

(State)

saw the deceased alive on M, from the causes and on the date stated above. and that death occurred at. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 1-6-66 T.

PHYSICIAN'S NAME (Type) BALLIN

ADDRESS G ree <sup>22d.</sup> 62 reene

Cumberland, Md.

20f. (City or town)

23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) Memorial Park Frostburg

Md REC'D BY REGISTRAR 25b.

George Eichhorn

BURIAL, CREMATION, REMOVAL (Specify)

TIME OF INJURY Month, Day, Year

Lonaconing, Md.

ADDRESS

WELL EXAMINER: This certificate should be executed within 24 hours after death. If any delay xecute are certificate, writing the word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 to Page 4 should be forwarded to the Chief Medical Examiner's Office from with form PM3. Page

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

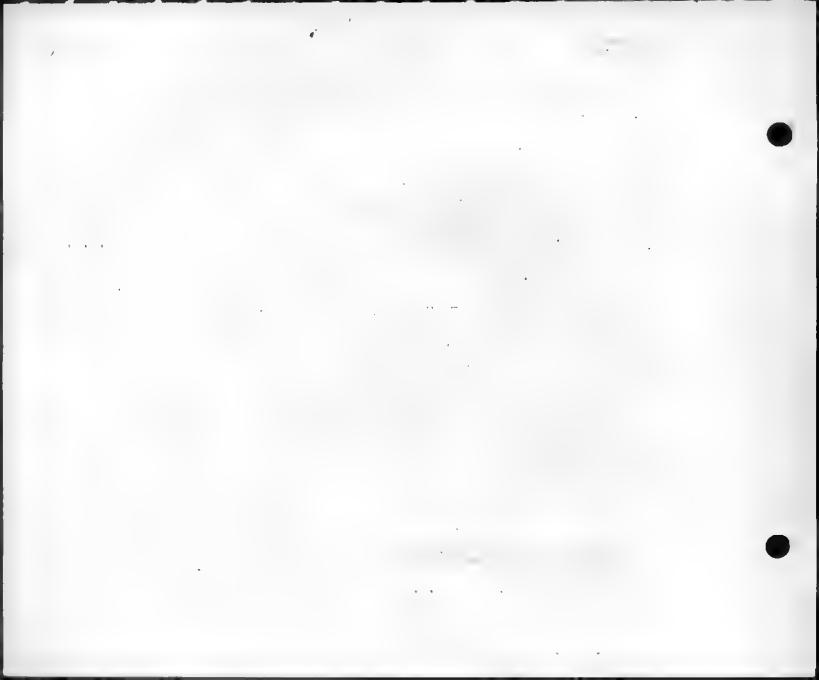
			DIONE	EVAIMILIAEI	-	OFICE HE TON	TIL O		EATH		1111	1 / 3	
1.	PLACE OF DEAT	H				2. USUAL RESID	DENCE (Whe	те десе			esidence	before at	mission)
1	Allegany MARYLAND					o. STATE Maryland b. COUNTY Allegany							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town						t town)		
		and give nearest town)	•	9 Years			berlan				,		
		SPITAL OR INSTITUTION	(If not in h		ress)	d. STREET ADDR					/	. IS RES	IDENCE
	267 W	Villiams Stre	et			267	Willi	ams	Street		١	ON A F	ARM?
3.	NAME OF DECEASED	First		Middle		Lest	4. D	ATE	Mont	h	Day	Yee	ir
	(Type or print)	Earl.		Leo		Snyder		HF EATH	Januar	y	24	19	66
5.	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED		B. DATE OF BIRTH	1	9.	AGE (In yeers lest birthdey)	LEUNDER			
	iale	1	WIDOWED			April 19,	1907		58 ута.	Months	Days	Hours	Min.
100	. USUAL OCCUPA	TION (Give kind of work dor (ing life, even if retired)	ne   10b. K	IND OF BUSINESS OR		11. BIRTHPLAC		foreig		12. C	ITIZEN	OF WHAT	
		of Celanese				Bruns	wick,	Mar	vland		U.S.	A	
	. FATHER'S NAM					14. MOTHER'S			<u> </u>	F			
		Harry E. S	nvder					Ne	llie V.	McBe	е		
15	. WAS DECEASED	EVER IN U.S. ARMED FORC	ES?   16.	SOCIAL SECURITY NO.	17.	INFORMANT			Addre	ss 267	Wil	liam	s St
111	IJO	( If yes give war or dates of se	21	4-07-2645	Mar	s. Gladys	L. Sr	vde				and,	
		DEATH [Enter only one c				D . G		,, o.c.			LINTE	RVAL BET	TWEEN
	PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Coro	nary Occlus	sion	า					Su	dden	HTAB
		DUE TO		1002.)									
	Conditions, If eny, which \ (b) Coronary Sclerosis												
	geve rise to	Immediate (	te (U)										
	surface land												
N		SIGNIFICANT CONDITIONS		TING TO DEATH BUT NO	TRELA	TED TO THE TERMIN	NAL DISEASE	COND	ITION GIVEN IN	PART 1(e)	19.	WAS AU	TOPSY
Ā											YE	PERFOR	MED?
E	20a. EXTERNA	L CAUSE WAS	20b.	DESCRIBE HOW INJURY	OCCU	RRED. (Enter natu	re of Injury	In Par	t I or Part II (	of Item 18			السطاء
MEDICAL CERTIFICATION	PRIMARY OF DEA	CONTRIBUTING [											
AL (	20c. TIME OF	INJURY Month, Day, Yes	er   20d.	NJURY OCCURRED   20	e. PLA	CE OF INJURY (Hom		Of. (D	ity or town)	(C o	unty)	(5	State)
I E	Hour a.		While	Not While	fecto	ry, street, office bld	ig., etc.)						
Σ		m. 19 v that I took charge o		sine described abov	e hel	d an Autonsy	Ineni	ection	Sc Indi	iry X.	and	In my	opinion
	death result			Accident .			micide		Indetermined		0.10	att any	Spititon
	negrii regui	Ced Rollis Haturas Co	uses Ex	Accident	Jui		DICAL EXAM	al r		, manning,			
	ACTUAL	/de adia	+1	b. Takel	a,	_M.D. ASSISTANT	_		IER 🗍		22.	DATE S	SIGNED
	SIGNATURE	un sour	<u> </u>	Control Care			EDICAL EXA		[2]	. //	Ja	n 24	,66
	EXAMINER'S NAME (Type)	Benedict Ski	tarel	ic M.D.			treet. city.		or county)	amte#	Tand	.Hd	
230	BURIAL, CREM	MATION, 23b. DATE THE		23c. NAME OF CEM	ETERY				ATION (City, t		unty)	(St	ate)
	REMOVAL (Sp Burri a.)	1/27/66		Hillcrest	Ran	mial Paris	0	dmud	erland		Mary	lan d	
24	, FUNERAL DIR			ADDRESS	_1111	258.	REC'D BY		TRAR   25b. R	EGISTRAR	'S SIGN		
	Ruth E	E. Silcox	Cumbe	rland Maryl	and	21502	N 26	196	66 , 20	works	1 1-0	sgr	

VR AISME (5) 5M 1/65

please execute ce director. Page 4 should retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File of Health or its designated agent, prior to burial, cremation, or removal, and

2



12 A HOSPILS.

death. Page /
O FUNERAL I

ON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH Film\_#G3/2. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution: Residence balora edmission) ta. COUNTY **b.** COUNTY a. STATE b. CITY OR FOWN (if pulside corporate limits, MARYLAND PILEGONY marriand c. LENGTH OF STAY IN 1b. e. CITY OR TOWN (If outside corporete limits, write RURAL and give negres) fown write RURAL and give neerast town Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Thermal RU. Rtx Cumberland, Md1 Therm al 4. DATE DECEASED (Type or print) DEATH ory mour NEVER MARRIED [ | 8. DATE OF BIRTH AGE (In years HE UNDER I YEAR) last birthday) WIDOWED [ DIVORCED D temale 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, avan if retired) umberland, Md. Housewife 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yas, no, or unkown) i (If yes give war or deles of service) Mrs. Melvin 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immediate causa DUE TO (e), stating the underlying PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19. WAS AUTOPSY 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f., (City or lown) factory, streat, office bldg., etc.) While \_\_ Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from 125 1965 to 1:11- 6 6 190, that (I) (we) last saw the deceased alive on. 1-1- 19.66., and that death occured at 6.4. A.M. from the causes and on the date stated above. ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Smallwood Street, Cumberland, Md. 126 N. 23e. BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) 5.5. Peter - Paul Cometery Cumberland, 0 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Comberland 15M 9/60

a. IS RESIDENCE ON A FARM?

YES NO TH

1966

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO -

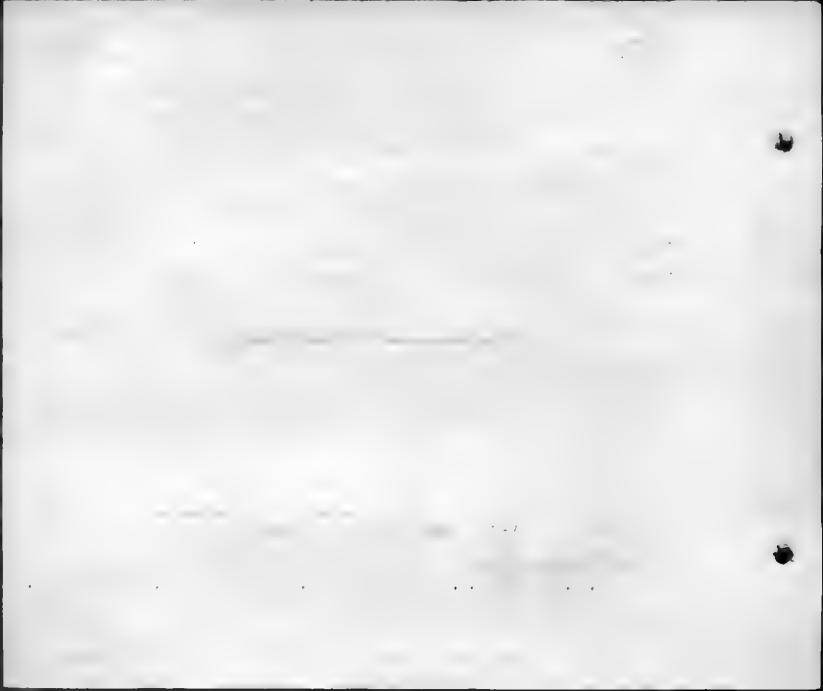
> > (State)

22b. DATE

Maryland

SIGNED

(County)



## FOR STATE! HEALTH DEPJ.

File pages 1 and 2 with the State Department, and in any event within 72 hours after death.

O DEPUTY MEIL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examines Office along with form PM3. Page 5 may be retained for your files.

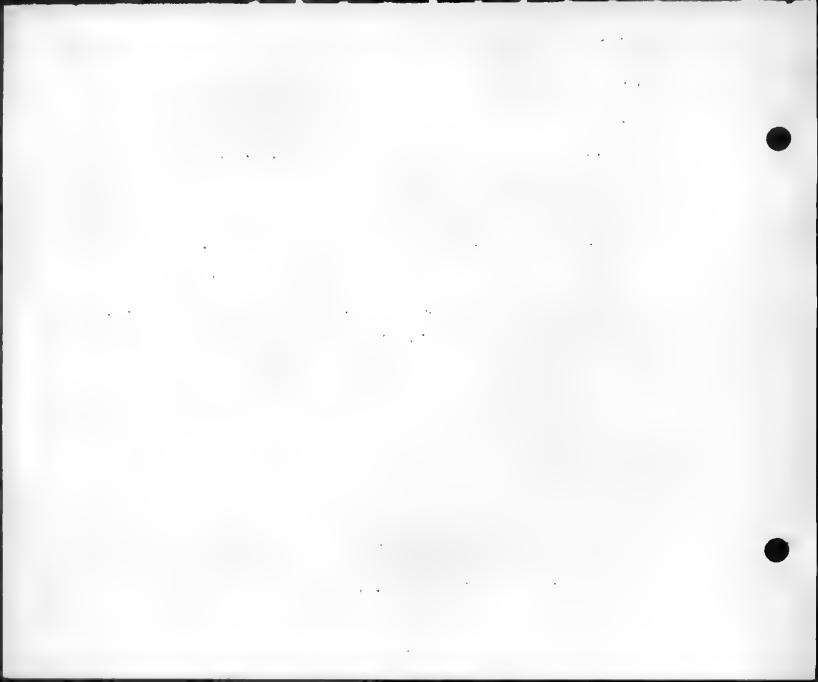
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
TO MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	UUU 40		111	PDIOL	3 L LA	MILLERY.	ILI O	OLI	THIOA		. 01	U	LA!	17				
1.	PLACE OF DEAT	Н							JSUAL RESIDE	ENCE	(Whe	re dece				Residence	before a	dmission
	a. COUNTY	٨٦	7000			4.1	anvi aun	1 1	I. STATE		-	4		b. COU	A.	lleg	anv	
-	b. CITY OR TOW	N (If outside	lega	AILY	1 c I EI		STAY IN 1b		TY OR TOWN	$\frac{\operatorname{ar}}{\partial t}$	yla	nd corn	orata lir	mite wo			e/	st town
	b. CITY OR TOW Write RURAL	and give nea	rest tow	n)	0. 66	na i ii oi	3161 111 40	11		•			01000 111	illitral ist	ITO NONA	Z 4114 &1	TO HOUSE	J. (UIIII
_	Oldton					yea	rs		Q]	Ld	tow	n					6/	- /
	d. NAME OF HO	SPITAL OR INS	TITUTIO	N (If not I	n hospital,	give stre	et address)	d. \$1	REET ADDRES	SS							D. IS RES	HDENCI FARM?
	R. F.	D. #1							R	. ]	F	D.	#1				YES 🔲	No 🖸
3.	NAME OF DECEASED		Flo	rst		Middle	1		Lost	T		ATE	-	Mont	h	Day	Ye	ar
	(Type or print)		Be	rnar	ð	W.		St	okes		O- D	EATH		Jai	1.	28	19	66
5,	\$EX	S. COLOR OF	RACE		ED P NE		RIED 🗔		E OF BIRTH			9.	AGE (In	yeera		R 1 YEAR	IF UNDE	
В/Г.	. 7 .	White		WIDOW	Notice and Property and Propert			A 11 cm	19, 1	100	35		last bir		Months	Days	Hours	Min.
	ale Jusual Occupat		of work		. KIND OF								_	yrs.	110	MEINCH	OF WHAT	
dut	ing most of work	ing life, even	if retired	d)	INDUSTR	Y	S OR		BIRTHPLACE	-		_		iry)		OUNTRY		
-	Retired	Machin	ist	R	ailro	ad		P	It. Sav	var	re,	$-M_{\bar{d}}$			U	5A		
13.	FATHER'S NAM	E						14.	MOTHER'S MA	AIDE	N NAN	A.E.						
		Will S	+oke	s				T	Mattie	Ms	3.7	Stra	ite	6.71				
16	. WAS DECEASED				18. SOCIAL	AFAURIT	V NO. 1 17	INFOR		1.15	Д,у .	OWE	上しと	Addre	14			
(Ÿí	s, no, er unkown)	(If yes give war	er dates o	f sarvine )							_							
	no			1	705-0			rs.	Dora S	Sto	oke	s,	Oldi	towr	1. Mc			
	18. CAUSE OF				er line for (											INTE	RVAL BE	TWEEN
	PART I. DI	EATH WAS CAL IMMEDIATE	CAUSE	(a)		COF	RONARY	0	CCLUSI(	ON						S	UDDE	N
	4201	111111111111111111111111111111111111111																
	Conditions, If	env. which t	DUE			C	ORONA	RV	SCLERO	OS:	TS						***	
	geve rise to	Immediate		(b)			0210111		NO LIE	00.	T L/				-	_		
	COUGO (0), 8		DUE	TO														
	underlying caus			(c)														
MEDICAL CERTIFICATION	PART II. OTHER:	SIGNIFICANT	ONDITIO	NS CONTR	IBUTINGTO	O DEATH E	UT NOT REL	ATED TO	THETERMINA	AL DI	SEASE	COND	ITIONG	IVENIN	PART 1(8	19.	DEDEAD	PARETY
;AT																YE	s 🗖	NO X
Ĭ.	20a. EXTERNA	L CAUSE WAS		1 20b	DESCRIE	BE HOW I	NJURY OCC	URRED.	(Enter nuture	of I	Inlury	In Par	t I or P	ert II c	of Item 1	8.)		
ERT	PRIMARY OF DEAT	CONTRIBUTIN	G 🗆															
10															- 10			
CA	20c. TIME OF Hour e.s		n, Day,		I. INJURY (		D 20e. PU	ACE OF Orv. stre	INJURY (Home et, office bldg.	, tarı etc	m, 2	D1. (C	City or 1	town)	(C)	ounty)	(	State)
lED	nour e.i		19	Wh lat w		t While I		,,,			"							
~		y that I took					above, he	eld an /	Autopsy .		Inspe	ection	1	Inqu	lry X	, and	in my	opinio
	death result			causes		cident		iicide	. Hom	icide	,				manner			
	death teath	~ 1 Oil.	110(0) 01	Carses		/	, o	A .	CHIEF MEDIC					immod	(Halling)			
	ACTUAL	12	od	1, 1	- 11	1.70	No De	- /						1		22	. DATE	SIGNED
	SIGNATURE_A	J. ZM	LKLA	ucr.	XXX	in	real s	M.D.					77	.TA7	v. 28		966	0.4
	EXAMINER'S	BENE	DICT	QKT	TAREL	TC	M D		DEPUTY MED				-	Cim	ber	land		
	NAME (Type)						M.D.		Address (Str	reet,				ty)				
238	. BURIAL, CREN REMOVAL (Sp	ATION, 23b.	DATE	HEREOF	23c.	NAME 0	F CEMETER	Y OR CE	REMATORY		23d	. LOC	ATION	(City, t	own or c	ounty)	(S	tate)
	Buria	Fel	1. 1	, 196	6 D	avie	Memor	nial	Cemet	i e m	* *	C11	mber	rlar	id. N	la .		
24	FUNERAL DIRE			, -/-		ADDRESS	_iaemoj		25a.	REC'	O BY	REGIS	TRAR	25b, R	ECISTRAL	R'S, SIGN	ATURE	
	James F	. Scar	pell	i, Cun	nberl	and.	Md.		IFEB	4		196	6 /	jeu	arles	Jus	lat.	
									HUBBE	100		144	- V/			//	1/	

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TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, of Health or its designated agent, prior to burial, cremation, or removal,

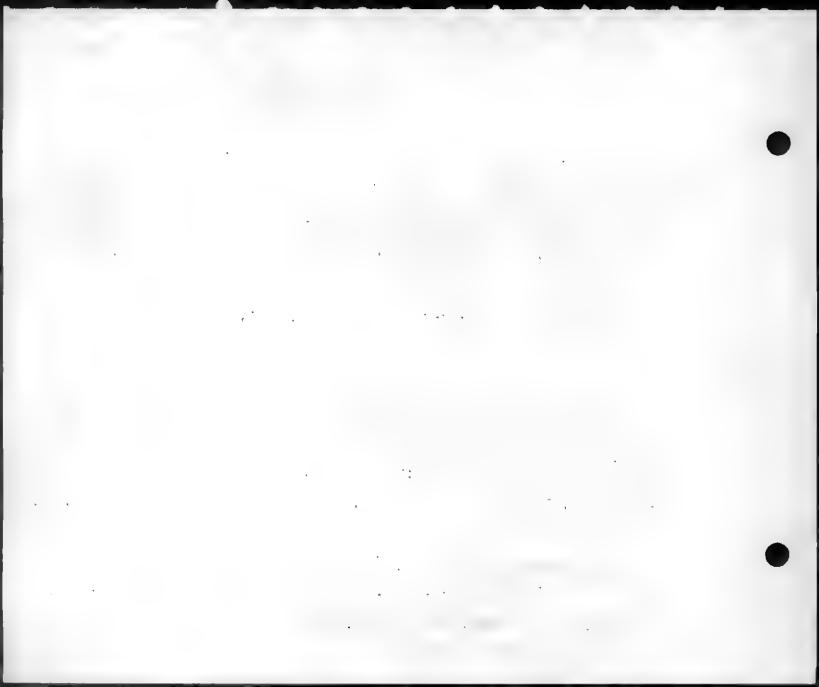


O DEPUTY MEI EXAMINER: This certificate should be examined within 24 hours after death. If any delay cessary, please execute the certificate, mriting the mord "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO DEPUTY MET

pages right 2 with the State Department in Suggester Within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File of Health or its designated agent, prior to burial, cremation, or removal, and VR AI5ME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		141	LDICA	P EVAIMILA	EK 3	CERTIFICATI	E OL I	JEATH	- (	JUI.	5 6 E)
1.	PLACE OF DEATH	Н				2. USUAL RESIDENCE	CE (Where de			sidence i	before admission)
	a. COUNTY	ALLEGAN	Υ	MAR	RYLAND	a, STATE	YLAND	b. COUN		LEGA	MA
	b. CITY OR TOW	N (If outside corpora and give nearest to		c. LENGTH OF ST		c. CITY OR TOWN (If		porate limits, wr			and a deal
			vn)	D 0 4		EDOG	mpin e			A	
_	FROST	BURG Spital ör instituti	ON dif not In	D O A	addenec)	d. STREET ADDRESS	TBURG				IS RESIDENCÉ
	G. HAME OF THE	ar TIME ON THATTION	Old (11 HOT II)	HOSPITAL, BITO STIECE	auui ess)	u. SIRCEI ADDRESS				0.	DN A FARM?
	MINE	S HOSPITAL	1			WRIG	HTS CR	OSSING		ΥĮ	S NO
3.	NAME OF DECEASED	F	Irst	Middle		Last	4. DATE	Monti	1	Day	Year
	(Type or print)	CE O	IL	LEROY	TOM	LINSON	DEATH	JANUAR	Y 2	21.	1966
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARR	IED T	B. DATE OF BIRTH	9.	AGE (in years last birthday)	IF UNDER 1		
M	ALE	WHITE	WIDOWE	D IVORO	ED 🗍 J	UNE 1. 1902		63 yrs.	Months	Days	Hours   Min.
102	USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done   10b.	KIND OF BUSINESS		11. BIRTHPLACE (S		4 4	12. CIT	IZEN O	F WHAT
	FILTERATT		CE	LANESE COR	P.	MARYLAND	)			S.	A _
	FATHER'S NAM					14. MOTHER'S MAIC	EN NAME				
	CECTL T	OMLINSON				CHARLOTTE	STRES				
15	. WAS DECEASED	EVER IN U.S. ARMED FO	DRCES?   10	6. SOCIAL SECURITY	NO.   17.	INFORMANT		Addres	18	POV	36,
	(S, DO, OF MIROWA)	(11 yes give war or dates		4-07-2607	DOM	ALD TOMLINS	OM FO	OCHDIDO	MD.	ROH	
=		DEATH [Enter only or				HTTO TOURTING	ON PA	OSTBURG.	IVII J	INTER	VAL BETWEEN
		ATH WAS CAUSED BY	f:	1 1	, , ,	OF SFINAL C	מפח			ONSE	T AND DEATH
	1 04 5	IMMEDIATE CAUSE		INAMORO	11(3	OL SITIMIT O	Club				ODDDIA
	Conditions, If	DOF	TO	(STRITCK	RV A	UTCNCBTLE )			-		
	gave rise to	Immediete /	(p)	(012 (0))	171 21	oreign in )					
	cause (a), s		TO								
-	underlying caus		(c)	BUTING TO B CATH BU	TNATAFIA	TOO TO THE TENTH IN I	DIACAGE AGN	DITION OLVER IN	DADT 1/0)	119,	WAS AUTOPSY
LION	PARTILUTHERS	SIGNIFICANT CONDITI	UNS CONTRI	BUT ING TO DEATH BU	INOTRELA	TED TO THE TERMINAL I	DISEASECON	INTI TOR GIVEN IN	PAKI1(8)		PERFORMED?
ICA									-	YES	X NO
TIF	20a. EXTERNA PRIMARY For	CAUSE WAS	20b.	DESCRIBE HOW IN.	JURY OCCU	RRED. (Enter nuture of	f injury in P	art i or Part II o	f Item 18.)		
CE	CAUSE OF DEAT	н.		PEDEST	TIAN	STRUCK BY A	UTCMCB	ILE			
CAL		INJURY Month, Day,	Year 20d.		Santa.	CE OF INJURY (Home, fary, street, office bldg., e		(City or town)	(Соип	ty)	(State)
MEDICAL CERTIFICATION	8:30 p.i	n. Jan. 21 19	6 6 While	le Not While at work	Rt.	36 2mile's	cuth c	f Frostb	urg, A	Alle	g. Mil.
-		y that I took charg	e of the re	mains described a	bove, hel	đan Autopsy 📆,	Inspection	n X, Inqu	iry 🗓,	and	in my opinion
	death result	ed from: Natura	l causes	Accident [	], Sui	cide, Homici	de 🔲,	Undetermined	manner [		
		1	1.7.	101	11)	CHIEF MEDICA	L EXAMINER				
	ACTUAL SIGNATURE	Denedy.	cts	Relaxel	w	M.D. ASSISTANT ME					DATE SIGNED
	EVALSINEDIS	D - 11 - 12 - 1	01-24-		D	DEPUTY MEDIC	CAL EXAMINE	r 🖾 Janu	ary 21	ل , را	966
	EXAMINER'S NAME (Type)	Benedict	SKIta		D.			, or county) Cu			
23a	BURIAL, CREM	ATION, 236. DATE	THEREOF	23c. NAME OF	CEMETERY	OR CREMATORT	23d. LI	CATION (City, to	own or cour	nty)	(State)
	BURL	ALI I-L	4-196		there	1 //emoved	1	Troolber	19,		ma,
24	. FUNERAL DIRE	CTOR C	B	ADDRESS	1	258. RE	C'D BY REGI	STRAR 25b. R	EGISTRAR'S	-	
	10	seph II.	Key	word or	restt	CONTENTO	1 2 K	10.20 Mr.	Come 12	in the	- 4



1	U	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
2 = 22		DR. NADEAU CERTIFICATE OF DEATH	1077
death.	1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If Institution: Re a. COUNTY  STATE  COUNTY	sidence before admission
Te Se Te		ALLEGANY MARYLAND MARYLAND AL	LEGANY
after y the ages after		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	and give nearest town
in by s. Pag	_	CUMBERLAND   HR. 44 MIN. CUMBERLAND.	e. IS RESIDENC
- 550		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	ON A FARM?
- A		MEMORIAL HOSPITAL 306 BEDFORD STREET  NAME DF First Middle Last (4. DATE Month)	Day Year
	3.	Gayle VALENTINE DEATH JANUARY	7 19 66
ted w comple ve carl event,	5.	SEX   6. COLOR OR RACE   7 MARRIED   NEVER MARRIED   18. DATE OF BIRTH   9. AGE (In years   IF UNDER )	YEAR IF UNDER 24 HR
xecu		FEMALE WHITE WIDOWED DIVORCED 1-6-66 yrs.	Days Hours Min
	10 du	a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or fereign country)   12. C1   12. C1   12. C1   13. C1   14. C1   14. C1   15. C1   15	TIZEN OF WHAT UNTRY?
a jest		CUMBERLAND, MD.	
ifical g ph en l oval	13	FATHER'S NAME	
rem rem	1	FRANK R. VALENTINE DELORES JILL EVANS 5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
requires that the death certificate be diding physician. been signed by the attending physician the burial-transit permit. Then please or to burial, cremation, or removal, and	ίÝ	es, no, or unkown) (If yes give war or dates of service) MEMORIAL HOSPITAL - CUMBERLAN	ID, MD.
the deal n. by the al nsit perr	F	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
hat the clan. led by the transit l, crema!		PART I. DEATH WAS CAUSED BY: 772 2222	ONSET AND DEATH
s that ysician igned l rial-tra		116 X DUE TD	
phy phy n sign buri		Conditions, if any, which are rise to immediate (b)	
requireding plans peen the bar to bar		cause (a), stating the DUE TD	
law tter has as pri	NO.	underlying cause last, (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPS
The la	ICATI		PERFORMED?
PHYSICIAN: The the hospital or a this certificate detached for use e Dept. of Health	CERTIFICATION	2Da, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Hour, a m. Hour, a m. factory, street, office bldg., etc.) (Court of the country of the co	nty) (State)
d by the hard After this at be detacted in State Degree of the state of	MEDICAL	Hour a.m.   While   Not While   factory, street, office bidg., etc.)	
NDIN Ted I	-	21. I certify that (I) (this hospital) attended the deceased from 19 19	, that (I) (we) la
OR ATTENDING the retained DIRECTOR: Afge 3 should led with the S		saw the deceased alive on	ie date stated abov ATE SIGNED
be r lined w by		azer, signations	8-66
MAL DAR		22c. PHYSICIAN'S 22d. ADDRESS	
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		NAME (Type) DR. OLIVER H. NADEAU 600 VIRGINIA AVE., CUMBE	
Page of Figure Aire should be should	23	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or courseled to the course of the course o	(State)
	2	- remation 1 - 4-66 memorial respitat amberhand	S SIGNATURE
VR AI5 (4)	1	ADDRESS MEMORIAL HOSE DATAN 12 1966 Achievela	Judge
20M 1/65	l=	6 - 16 × 3 6	<del>U</del>

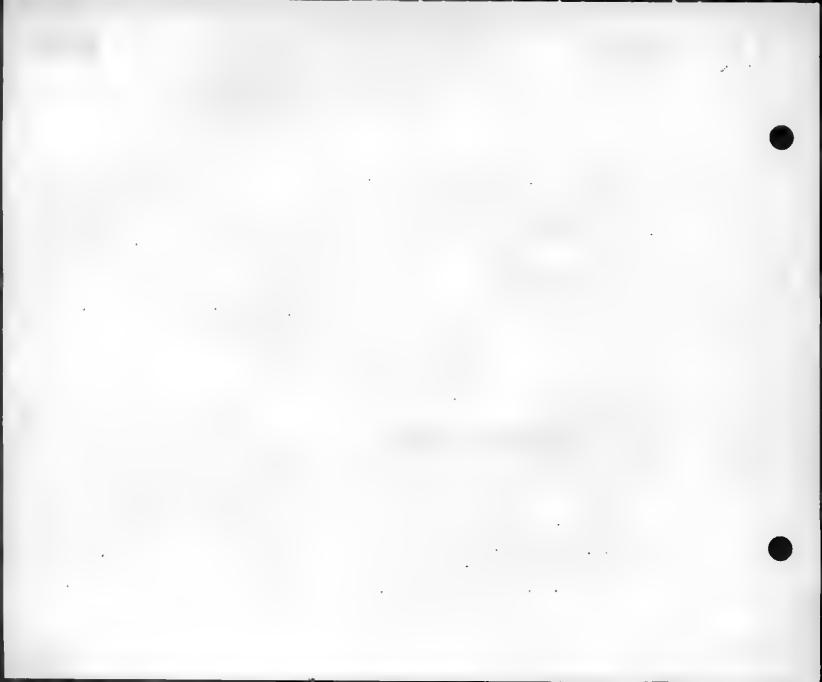


VR A15 (4) 2DM 1/65

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	00043	CERTIFICATI	UF DEATH	UUU_0
1.	PLACE OF DEATH	1	2. USUAL RESIDENCE (Where deceased live	d, If Institution: Residence before admission)
	a. COUNTY		a. STATE Many land	b. COUNTY
_	Allegany	MARYLAND  I C. LENGTH OF STAY IN 1b	Maryland c. CITY OR TOWN (If outside corporate in	Allegany
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		C. CITT OR TOWN (IT OUTSIDE COIPOTATE III	IIIts, write RORAL and Bire neglest town
	Cumberland	45 years	Cumberland	211
	d. NAME OF HOSPITAL OR INSTITUTION (if not In	hospital, give street address)	d. STREET AOORESS	6. IS RESIDENCE ON A FARM?
	6 King Street		6 King St	
3.		Middle	Last 4. DATE	Month Oay Year
	DECEASED		.lliams DEATH	
5.	(Type or print) Clarence SEX   6. COLOR OR RACE   7. MARRIE			Jan. 10 19 66 years   FUNDER 1 YEAR   FUNDER 24 HRS.
-	Man 7 - WARRIE	- HEVER MARKED	March 8, 1891 74 1981 1981 1981 1981	thday) Months Days Hours Min.
۱	WIDOWE			утв.
1Da dur	USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign	COUNTRY?
	ing most of working life, even if retired) Retired Pipelitter T	industry ire Industry	Giles County, Vir	ginia USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	George Williams		Georgie Perkins	
		S. SOCIAL SECURITY NO.   17.	INFORMANT	Address
(Ye	is, no, or unkown) (If yes give war or dates of service)	20-10-2023 M	r. Basil Williams,	Tumberland Md.
	<u> </u>		II DADIL HILLIAMD,	
	18. CAUSE DF DEATH [Enter only one cause per	line for (a), (b), and (c).]	_	INTERVAL BETWEEN ONSET AND DEATH
П	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ma	erret	Zuxs.
П	4221 QUE TO		1 - 6 0	
Ш	Conditions, If any, which	myocardi	the c Decompo	nechos 5mon
	gave rise to immediate DUE TO	00	. ,	
	Underlyden series leek	Coleno	sclerons	5910.
No.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH RUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPSY
CERTIFICATION				PERFORMED?
IFIC	OD. ACCIDENT WAS HINDED! VING CT. 1 205	OFCOBINE HOW INTRING COOK	DDEA (Fater nature of Injury in Book Las I	YES NO D
FE	20a. ACCIDENT WAS UNDERLYING   20b. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of Injury in Part I or I	art if of frem 18.)
CAI		facto	CE OF INJURY (Home, farm, 20f. (City or ry, street, office bldg., etc.)	lown) (County) (State)
MEDICAL	Hour a.m. While p.m. 19 at wo	וריין שונחאי זטאין דין ט	7	
_	21. I certify that (I) (this hospital) atten		or. 1, 1965 to Jan	10, 19 66 that (I) (we) last
	saw the deceased alive on			causes and on the date stated above.
	22a. SIGNATURE	TO 13 W Walle that	death occorrect atm, from the	1 22b. OATE SIGNEO
	Clark & tr	as the	ATTENDING MED. STAI	F [7] 7- 10 10((
1	22c. PHYSICIAN'S	M.O	PHYS. DIRECTOR PHYS	s. [] van.10,1906
		Durrett,M.D.		Cumberland, Md.
23a	. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 1 23d. LOCATION	(City, town or county) (State)
Ι.	Burial Jan.12,1966			Land. Md.
	FUNERAL DIRECTOR	ADDRESS		25b. REGISTRAR'S SIGNATURE
-			3441 1 2 4000	Charles Judge
	James F. Scarpelli, Cu	moerLand,Md.	DATEAN 13 1966	





FOR STATE HEALTH DEPT. ilay is necessary, if 3 to the funeral Page 5 may be The State Department 12 hours after death. DIEPUTY MEDICAL EXAMINER: This certificate should be examined within 24 hours after death. If any deli-please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Fretained for your files. Vith F 2

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and of Health or its designated agent, prior to burial, cremation, or removal, and in any event

ok

TO DEPUTY MEDIO

VR A15ME

3500 4-64

1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

1 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

a. COUNTY Allegany MARYLAND	a. STATE Maryland b. COUNTY Al	llegany					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  XMXXXXXXXXXFrostburg 1 year	c. CITY OR TOWN (If outside corporate limits, write RURAL :  Mt. Savage	and give nearest town)					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?					
D. O. A. Miners Hospital		YES NO E					
3. NAME OF First Middle DECEASED (Type or print) Gary Elliott	Last 4. DATE Month OF DEATH Jan.	Day Year 5 19 66					
	8. DATE OF BIRTH NOV. 6, 1964  9. AGE (In years   IFUNDER 1   Months   Yrs.   2	Days Hours Min.					
10a, USUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. GI	TIZEN OF WHAT					
during most of working life, even if retired) INDUSTRY none		SA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Gary Witt, Sr.	Yvonne Werner						
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no. or unknown)   (If yes ulve war or dates of service)	INFORMANT Address						
	ry Witt, Sr. Mt. Savage Road						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASPHYXIATION	ON	MINUTES PEATH					
9220 DUE TO Conditions, if any, which (b) LARYNGOSPA	SM	MINUTES					
gave rise to immediate (	cause (a), stating the DUE TO (CHOKED ON ASPIRIN)						
1	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO X					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH.  CHILD TOOK PILL  20c. Time OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor at work 200. PLA factor at work 20	JRRED. (Enter nature of Injury in Part I or Part II of Item 18. BY HIMSELF	)					
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)					
2:00 p.m. Jan. 5 1966 at work at work K	ome Mt.Savage. Alleg.	Maryland					
21. I certify that I took charge of the remains described above, he		and in my opinion					
	icide , Homicide , Undetermined manner						
1 + 10 7 - 0°	CHIEF MEDICAL EXAMINER	22. DATE SIGNED					
SIGNATURE SIMILAR SIGNATURE	m.d. assistant medical examiner [ ]  Deputy medical examiner XX January 5						
EXAMINER'S BENEDICT SKITARELIC, M.D.	Address (Street, city, town, or coun Cumberlan	d. Md.					
	Y OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)					
Burial Jan. 8, 1966 St. Patric	k's Cemetany Mt. Savage Mar	STIGNATURE					
James F. Scarpelli, Cumberland, Md.	DatAN 11 1966 geleenla	Judge					

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